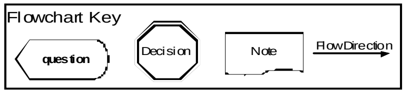
VI.

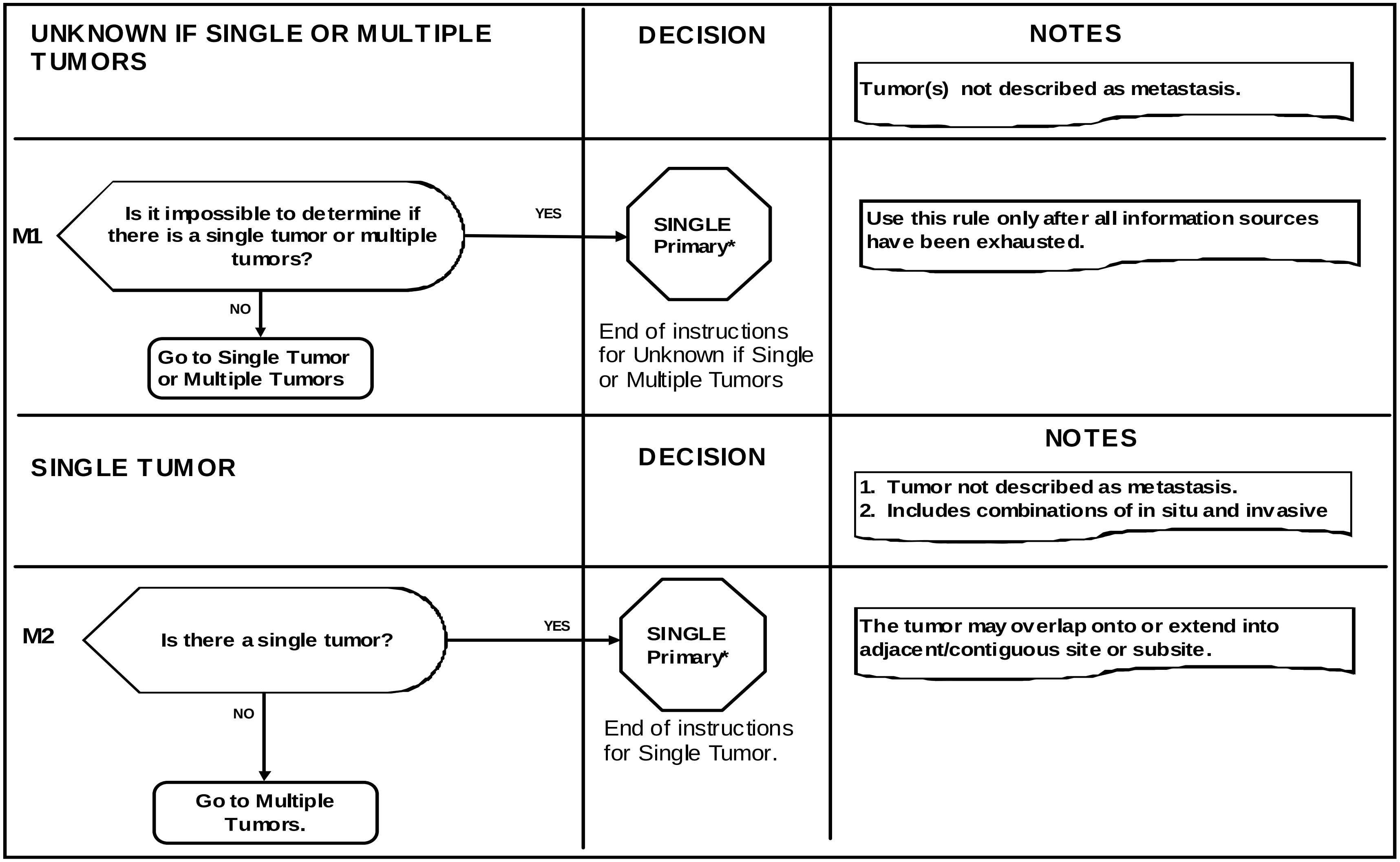
Flowchart Format – Multiple Primary and Histology Coding Rules

Other Sites Multiple Primary Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


UNKNOWN IF SINGLE OR MULTIPLE TUMORS
DECISION
NOTES
M1
Is it impossible to determine if there is a single tumor or multiple tumors?
YES
SINGLE Primary*
NO
Go to Single Tumor or Multiple Tumors
SINGLE TUMOR
DECISION
NOTES
M2
Is there a single tumor?
YES
SINGLE Primary*
NO
Go to Multiple Tumors.

Tumor(s) not described as metastasis.

End of instructions for Unknown if Single or Multiple Tumors

Use this rule only after all information sources have been exhausted.

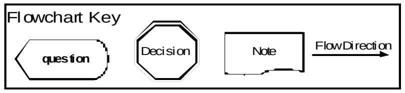
1. Tumor not described as metastasis.
2. Includes combinations of in situ and invasive

End of instructions for Single Tumor.

The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

Other Sites Multiple Primary Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



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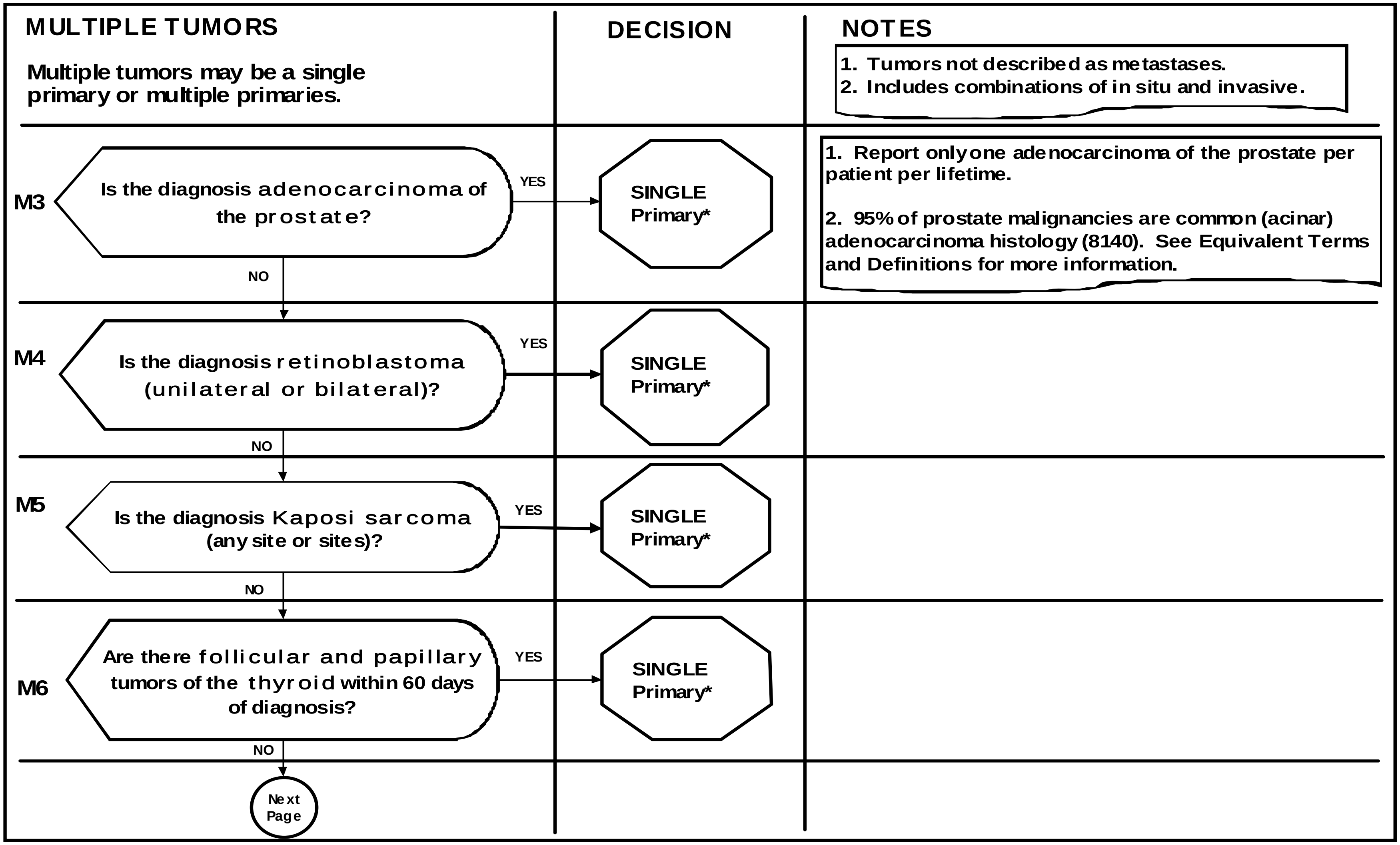


MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.

DECISION

NOTES

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

M3 Is the diagnosis adenocarcinoma of the prostate? YES → SINGLE Primary*; NO → M4

1. Report only one adenocarcinoma of the prostate per patient per lifetime.

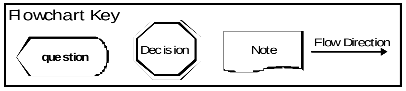
2. 95% of prostate malignancies are common (acinar) adenocarcinoma histology (8140). See Equivalent Terms and Definitions for more information.

M4 Is the diagnosis retinoblastoma (unilateral or bilateral)? YES → SINGLE Primary*; NO → M5

M5 Is the diagnosis Kaposi sarcoma (any site or sites)? YES → SINGLE Primary*; NO → M6

M6 Are there follicular and papillary tumors of the thyroid within 60 days of diagnosis? YES → SINGLE Primary*; NO → Next Page

Other Sites Multiple Primary Rules - Flowchart


Flowchart Key
question
Decision
Note
Flow Direction

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

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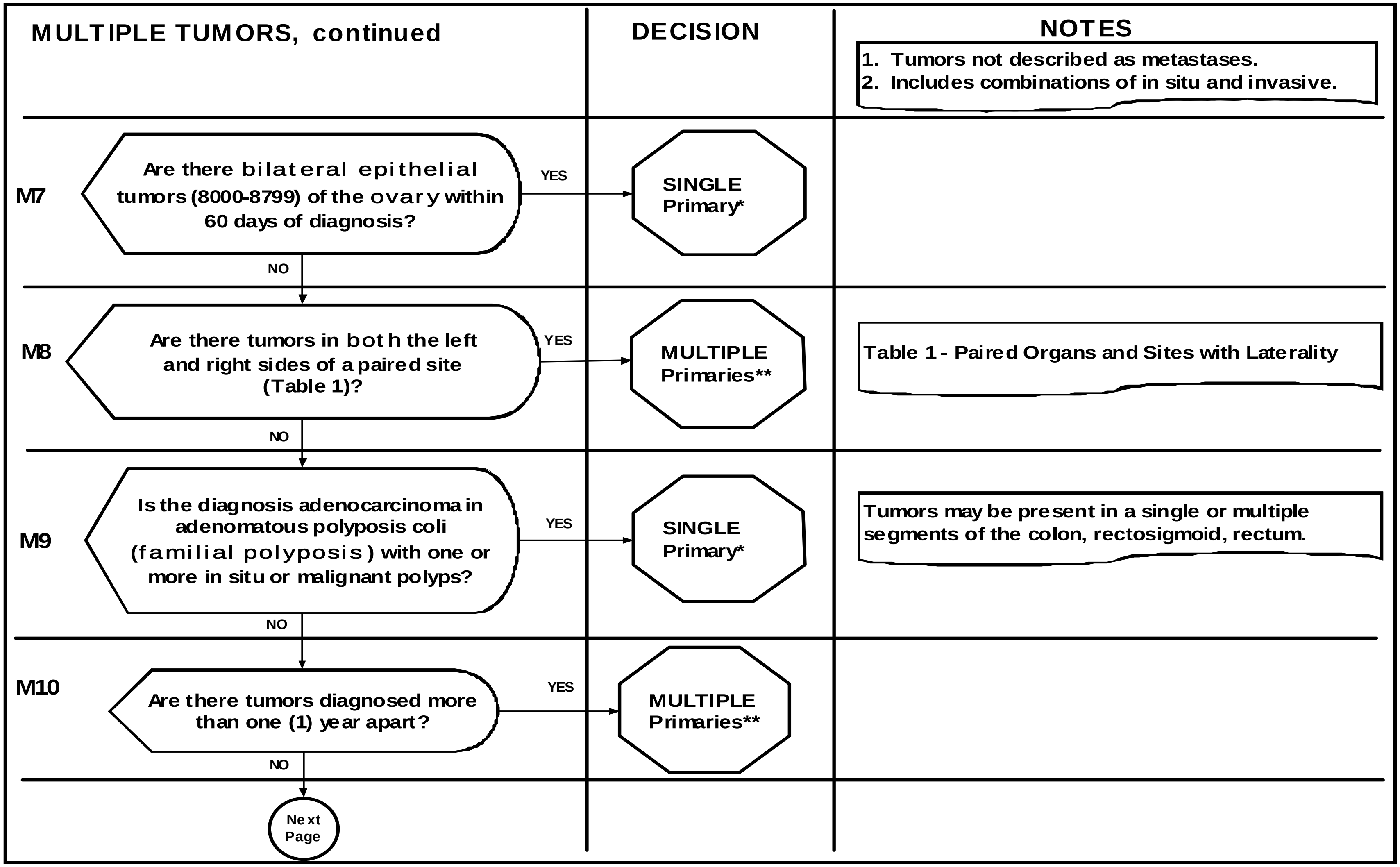
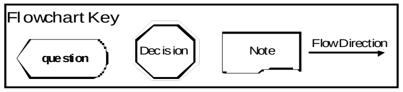

MULTIPLE TUMORS, continued
DECISION
NOTES
1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.
M7
Are there bilateral epithelial tumors (8000-8799) of the ovary within 60 days of diagnosis?
YES
SINGLE Primary*
NO
M8
Are there tumors in both the left and right sides of a paired site (Table 1)?
YES
MULTIPLE Primaries**
Table 1 - Paired Organs and Sites with Laterality
NO
M9
Is the diagnosis adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more in situ or malignant polyps?
YES
SINGLE Primary*
Tumors may be present in a single or multiple segments of the colon, rectosigmoid, rectum.
NO
M10
Are there tumors diagnosed more than one (1) year apart?
YES
MULTIPLE Primaries**
NO
Next Page

Other Sites Multiple Primary Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)


Flowchart Key
question
Decision
Note
Flow Direction

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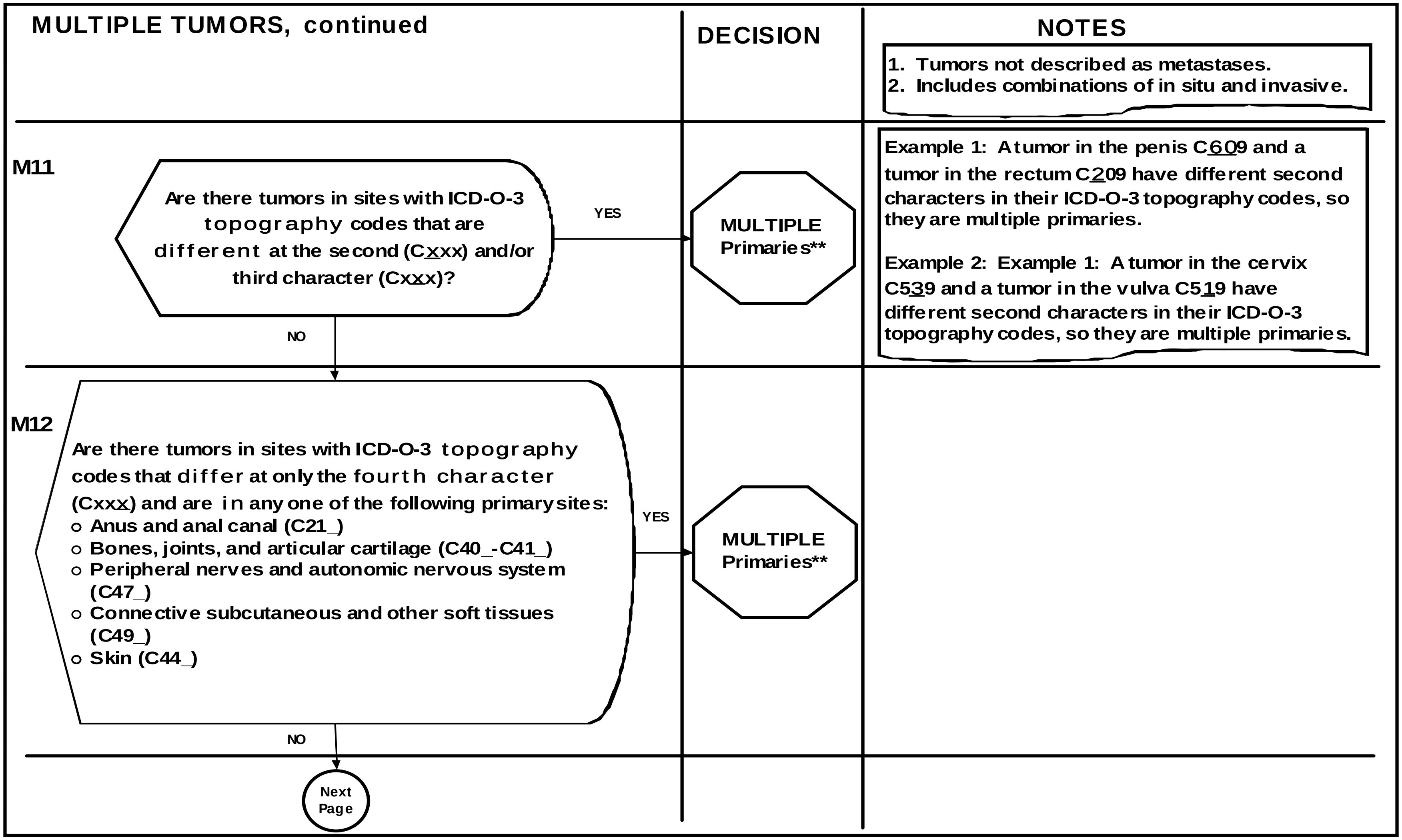

MULTIPLE TUMORS, continued
DECISION
NOTES
M11
YES
NO
MULTIPLE Primaries**
M12
YES
NO
MULTIPLE Primaries**
Next Page

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

M11 Are there tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third character (Cxxx)?

YES → MULTIPLE Primaries**

Example 1: A tumor in the penis C609 and a tumor in the rectum C209 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.

Example 2: Example 1: A tumor in the cervix C539 and a tumor in the vulva C519 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.

NO →

M12 Are there tumors in sites with ICD-O-3 topography codes that differ at only the fourth character (Cxxx) and are in any one of the following primary sites:

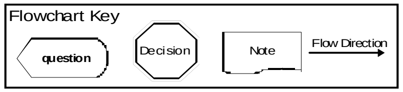
- Anus and anal canal (C21_)
- Bones, joints, and articular cartilage (C40_-C41_)
- Peripheral nerves and autonomic nervous system (C47_)
- Connective subcutaneous and other soft tissues (C49_)
- Skin (C44_)

YES → MULTIPLE Primaries**

NO → Next Page

Other Sites Multiple Primary Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)


Flowchart Key
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Decision
Note
Flow Direction

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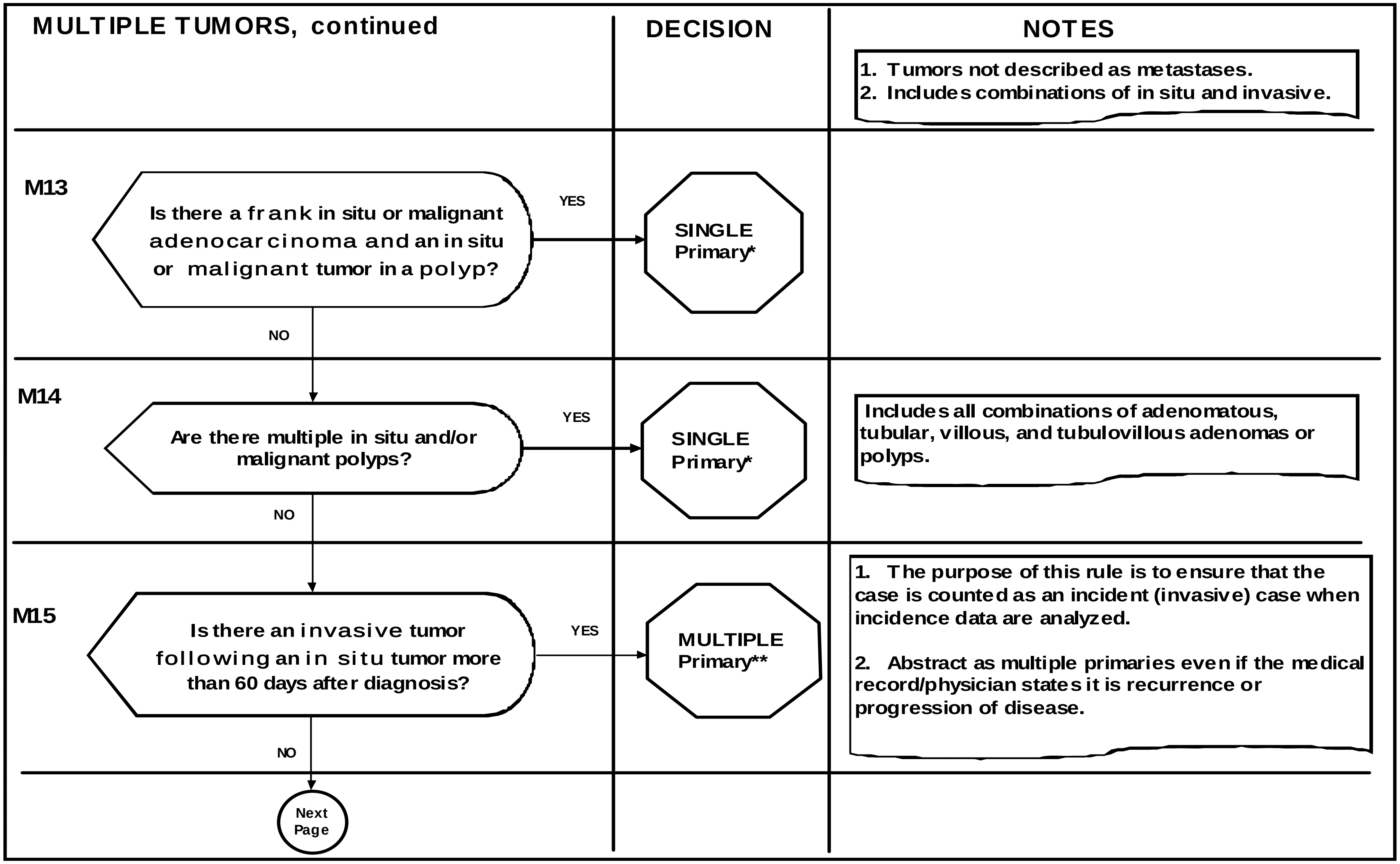

MULTIPLE TUMORS, continued
DECISION
NOTES
M13
YES
NO
M14
YES
NO
M15
YES
NO
Next Page

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

M13 Is there a frank in situ or malignant adenocarcinoma and an in situ or malignant tumor in a polyp? YES → SINGLE Primary*

M14 Are there multiple in situ and/or malignant polyps? YES → SINGLE Primary*

Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.

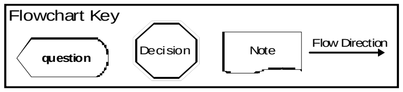
M15 Is there an invasive tumor following an in situ tumor more than 60 days after diagnosis? YES → MULTIPLE Primary**

1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.

2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

Other Sites Multiple Primary Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)


Flowchart Key
question
Decision
Note
Flow Direction

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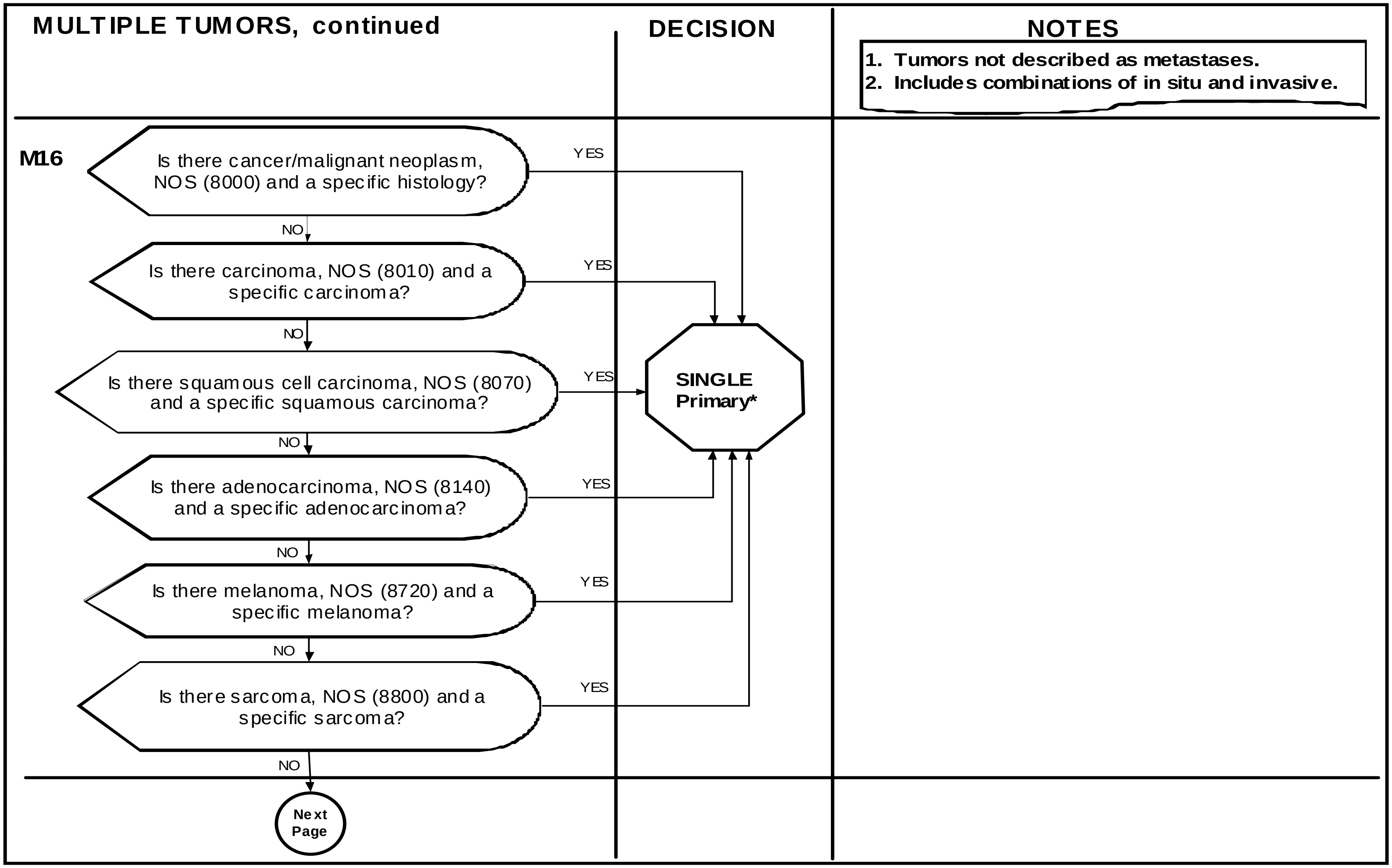
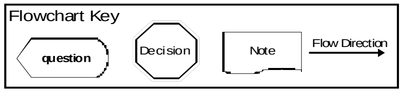

MULTIPLE TUMORS, continued
DECISION
NOTES
M16
Is there cancer/malignant neoplasm, NOS (8000) and a specific histology?
YES
NO
Is there carcinoma, NOS (8010) and a specific carcinoma?
YES
NO
Is there squamous cell carcinoma, NOS (8070) and a specific squamous carcinoma?
YES
NO
Is there adenocarcinoma, NOS (8140) and a specific adenocarcinoma?
YES
NO
Is there melanoma, NOS (8720) and a specific melanoma?
YES
NO
Is there sarcoma, NOS (8800) and a specific sarcoma?
YES
NO
SINGLE Primary*
Next Page

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

Other Sites Multiple Primary Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)


Flowchart Key
question
Decision
Note
Flow Direction

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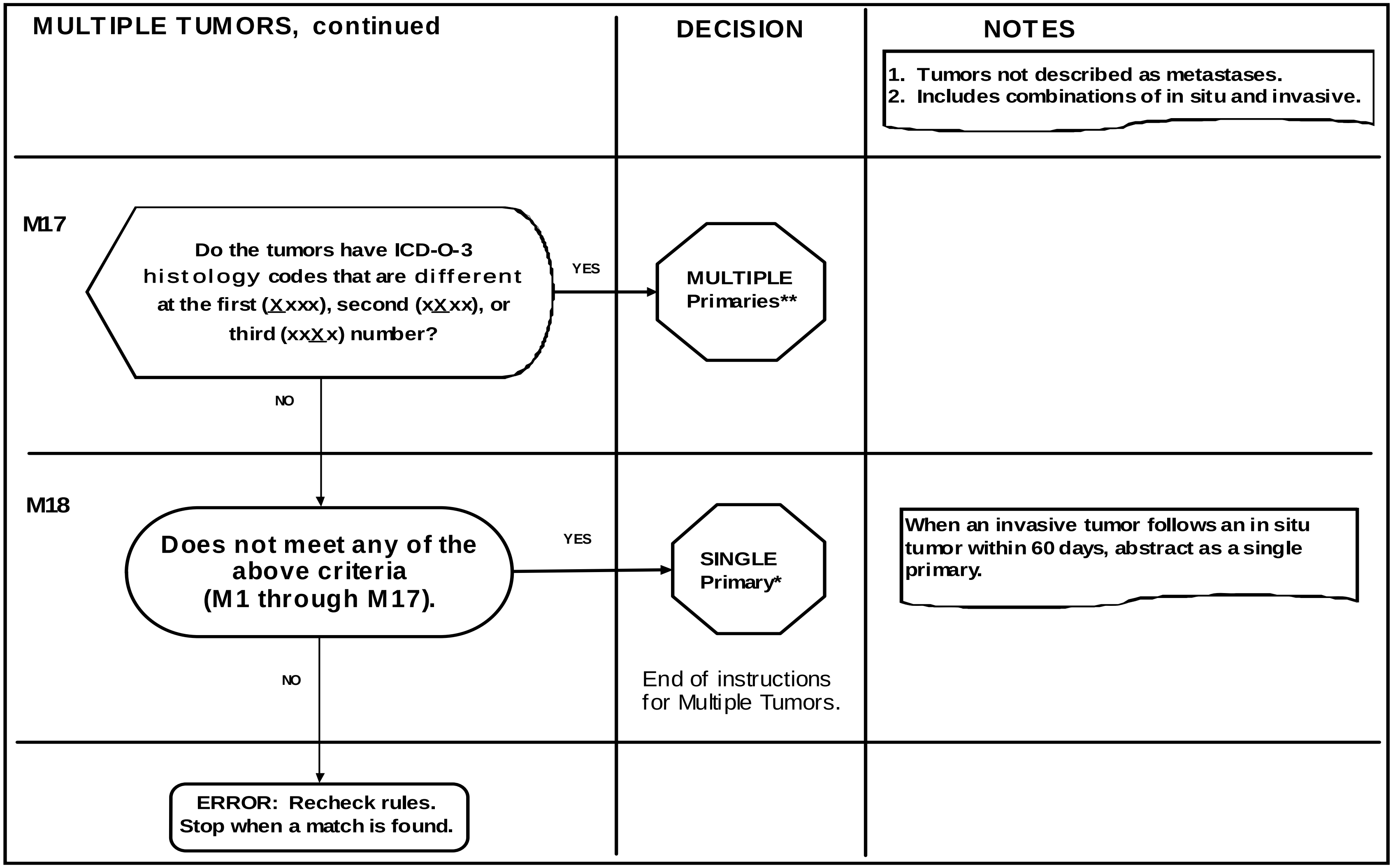
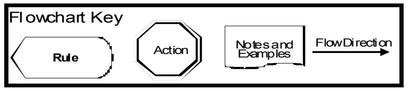
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

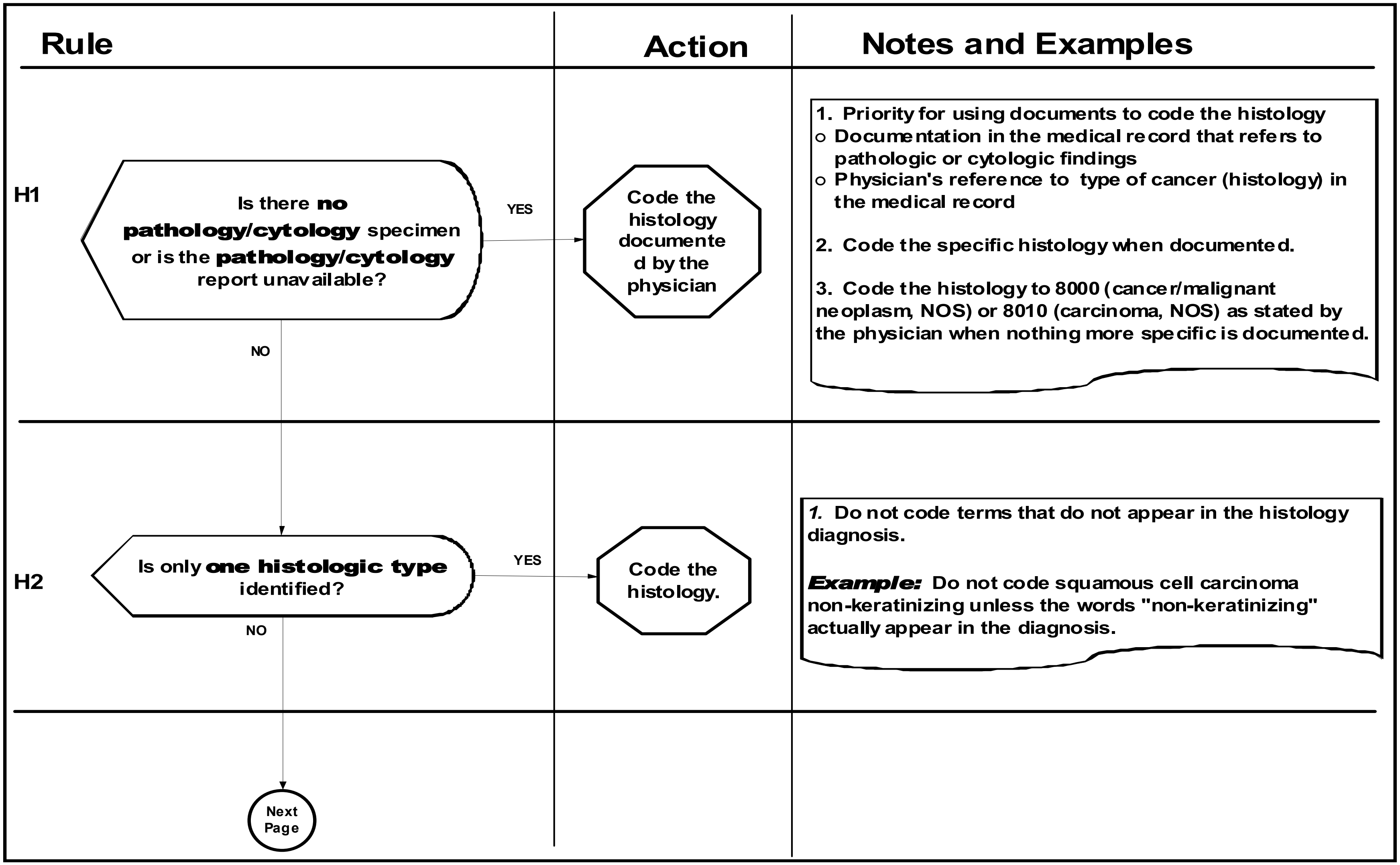

MULTIPLE TUMORS, continued
DECISION
NOTES
1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.
M17
Do the tumors have ICD-O-3 histology codes that are different at the first (Xxxx), second (xXxx), or third (xxXx) number?
YES
MULTIPLE Primaries**
NO
M18
Does not meet any of the above criteria (M1 through M17).
YES
SINGLE Primary*
When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.
End of instructions for Multiple Tumors.
NO
ERROR: Recheck rules. Stop when a match is found.

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

SINGLE TUMOR: IN SITU ONLY


Rule
Action
Notes and Examples
H1
Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable?
YES
Code the histology documented by the physician
NO
H2
Is only **one histologic type** identified?
YES
Code the histology.
NO
Next Page

1. Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record

2. Code the specific histology when documented.

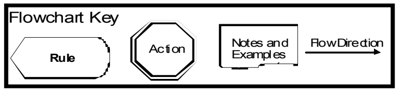
3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

1. Do not code terms that do not appear in the histology diagnosis.

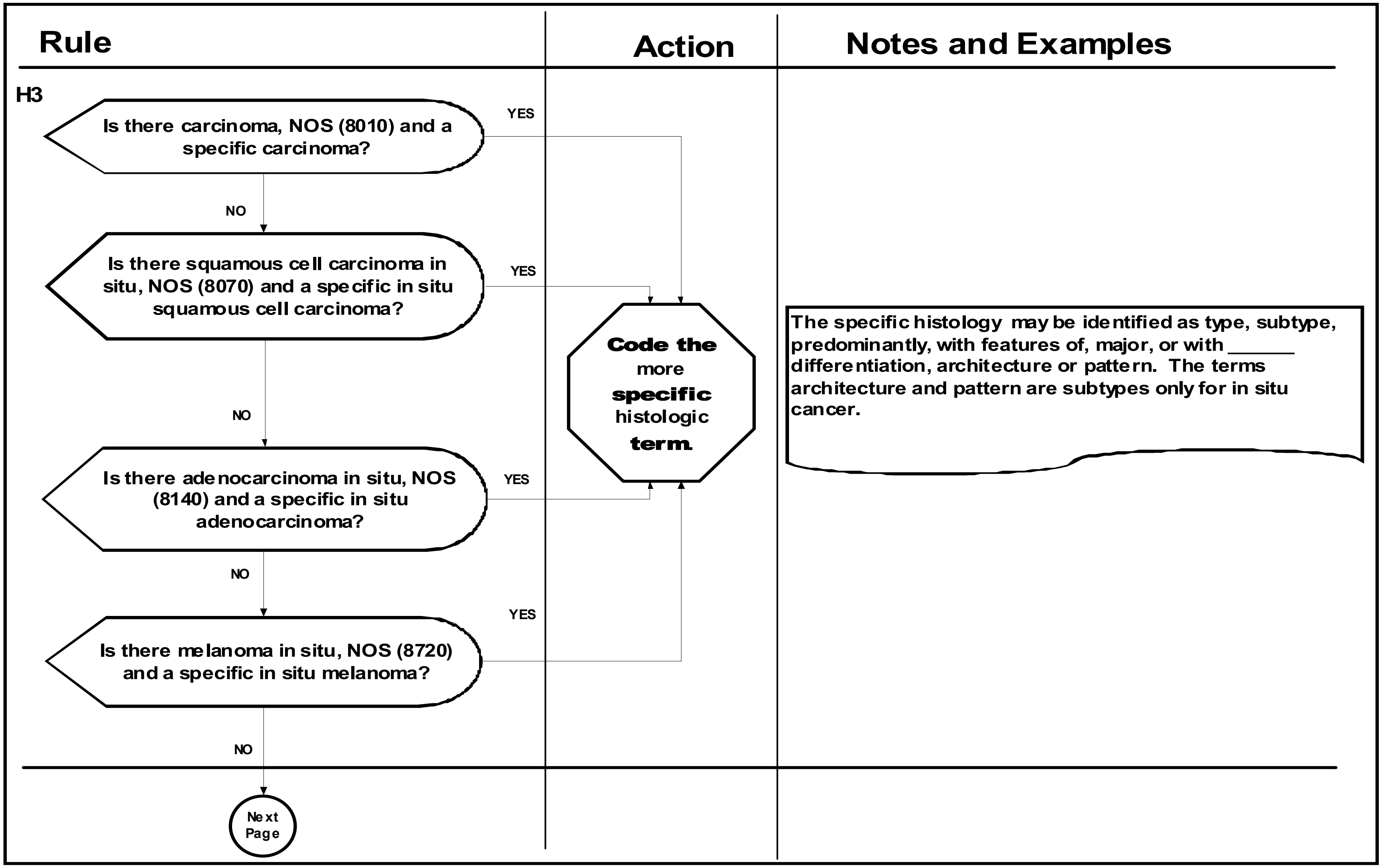
Example: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

SINGLE TUMOR: IN SITU ONLY


Rule
Action
Notes and Examples
H3
YES
NO
YES
NO
YES
NO
YES
NO
Next Page

Is there carcinoma, NOS (8010) and a specific carcinoma?

Is there squamous cell carcinoma in situ, NOS (8070) and a specific in situ squamous cell carcinoma?

Is there adenocarcinoma in situ, NOS (8140) and a specific in situ adenocarcinoma?

Is there melanoma in situ, NOS (8720) and a specific in situ melanoma?

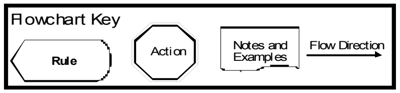
Code the more **specific** histologic **term.**

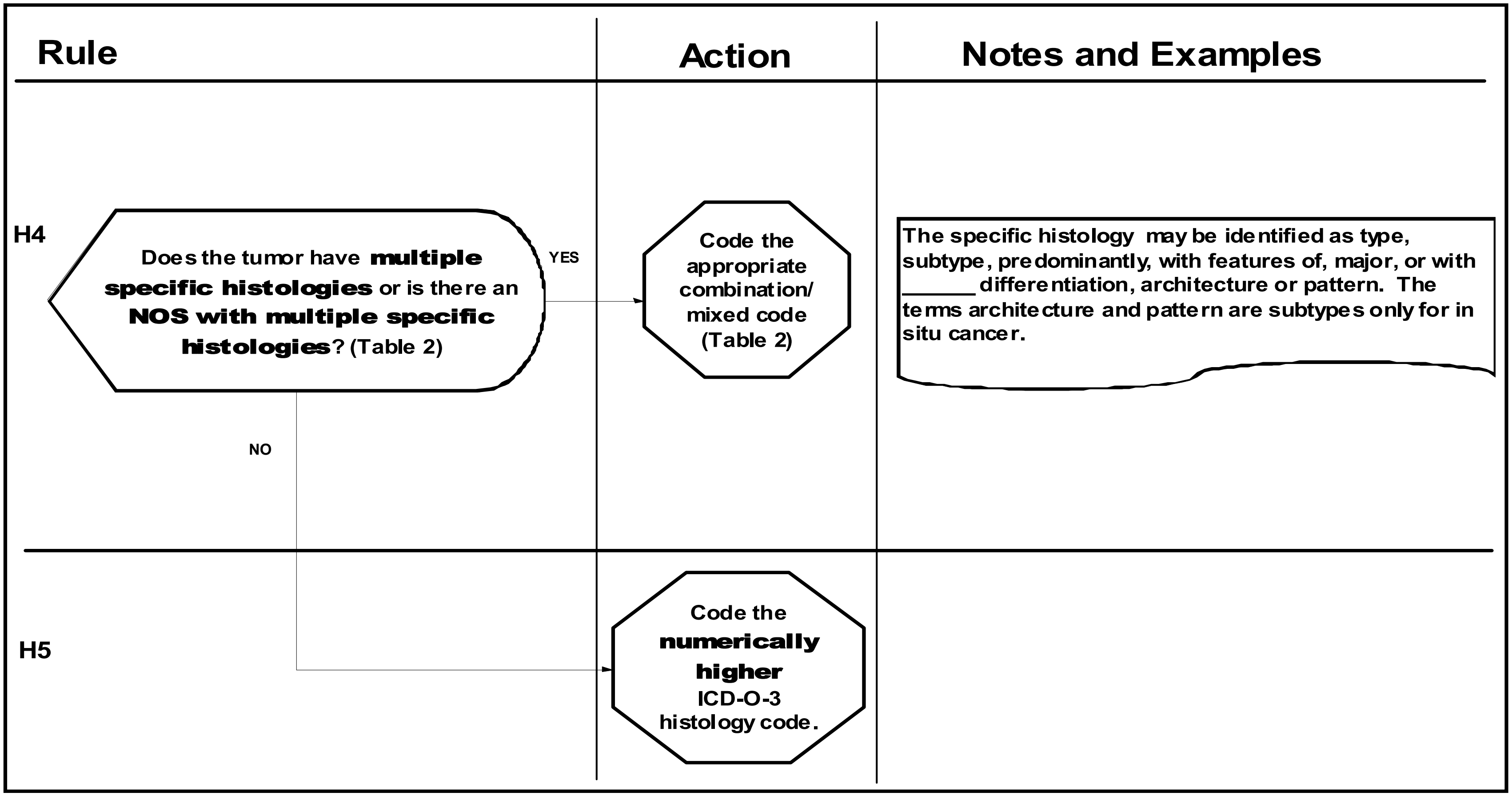
The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ______ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

SINGLE TUMOR: IN SITU ONLY





Rule | Action | Notes and Examples

H4

Does the tumor have **multiple specific histologies** or is there an **NOS with multiple specific histologies**? (Table 2)

YES → Code the appropriate combination/ mixed code (Table 2)

The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ______ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.

NO ↓

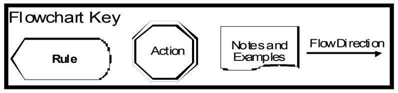
H5

Code the **numerically higher** ICD-O-3 histology code.

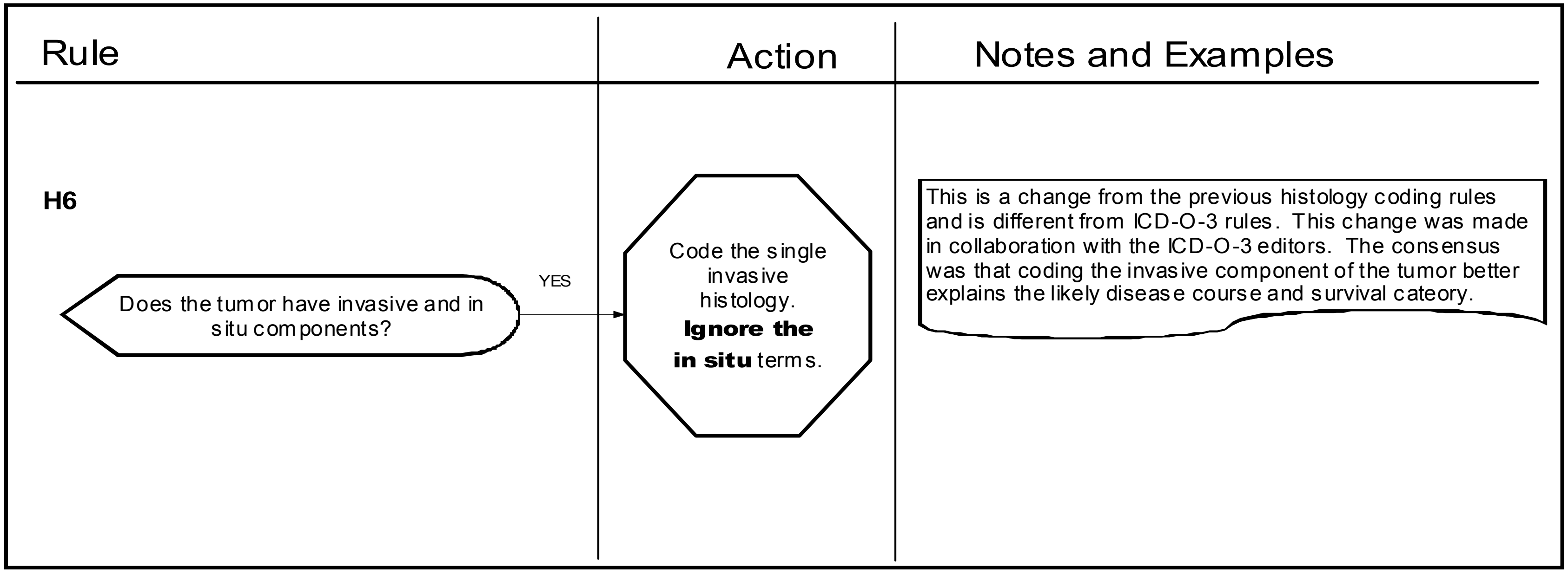
This is the end of instructions for Single Tumor: In Situ Carcinoma Only.
Code the histology according to the rule that fits the case.

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

SINGLE TUMOR: INVASIVE AND IN SITU


Rule
Action
Notes and Examples
H6
YES

Does the tumor have invasive and in situ components?

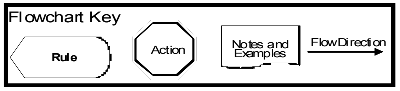
Code the single invasive histology. **Ignore the in situ** terms.

This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival cateory.

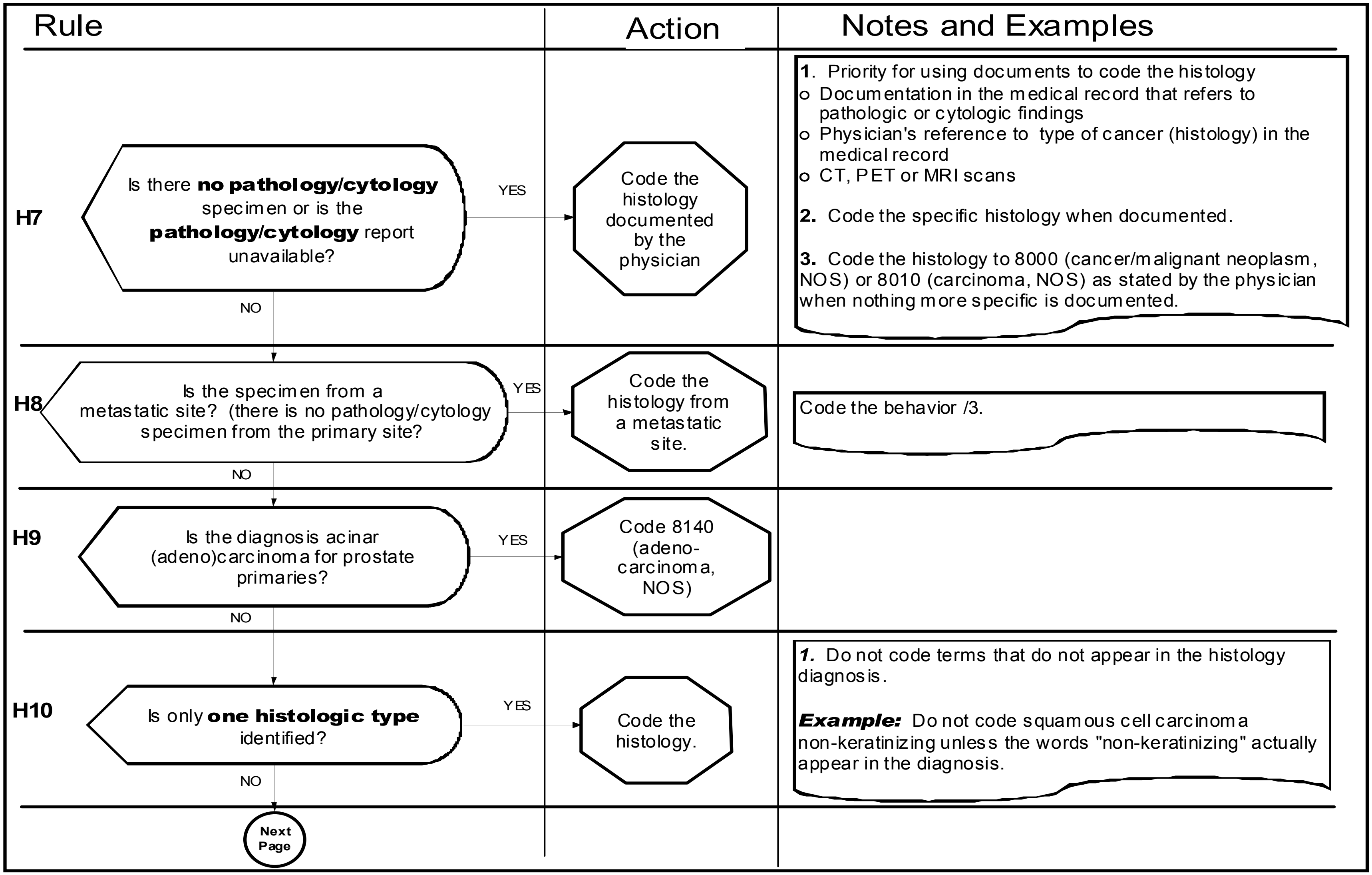
This is the end of instructions for Single Tumor: Invasive and In Situ Carcinoma.
Code the histology according to the rule that fits the case.

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



SINGLE TUMOR: INVASIVE ONLY



H7 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable?

YES: Code the histology documented by the physician

1. Priority for using documents to code the histology
- o Documentation in the medical record that refers to pathologic or cytologic findings
- o Physician's reference to type of cancer (histology) in the medical record
- o CT, PET or MRI scans

2. Code the specific histology when documented.

3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

NO

H8 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site?

YES: Code the histology from a metastatic site.

Code the behavior /3.

NO

H9 Is the diagnosis acinar (adeno)carcinoma for prostate primaries?

YES: Code 8140 (adeno-carcinoma, NOS)

NO

H10 Is only **one histologic type** identified?

YES: Code the histology.

1. Do not code terms that do not appear in the histology diagnosis.

Example: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.

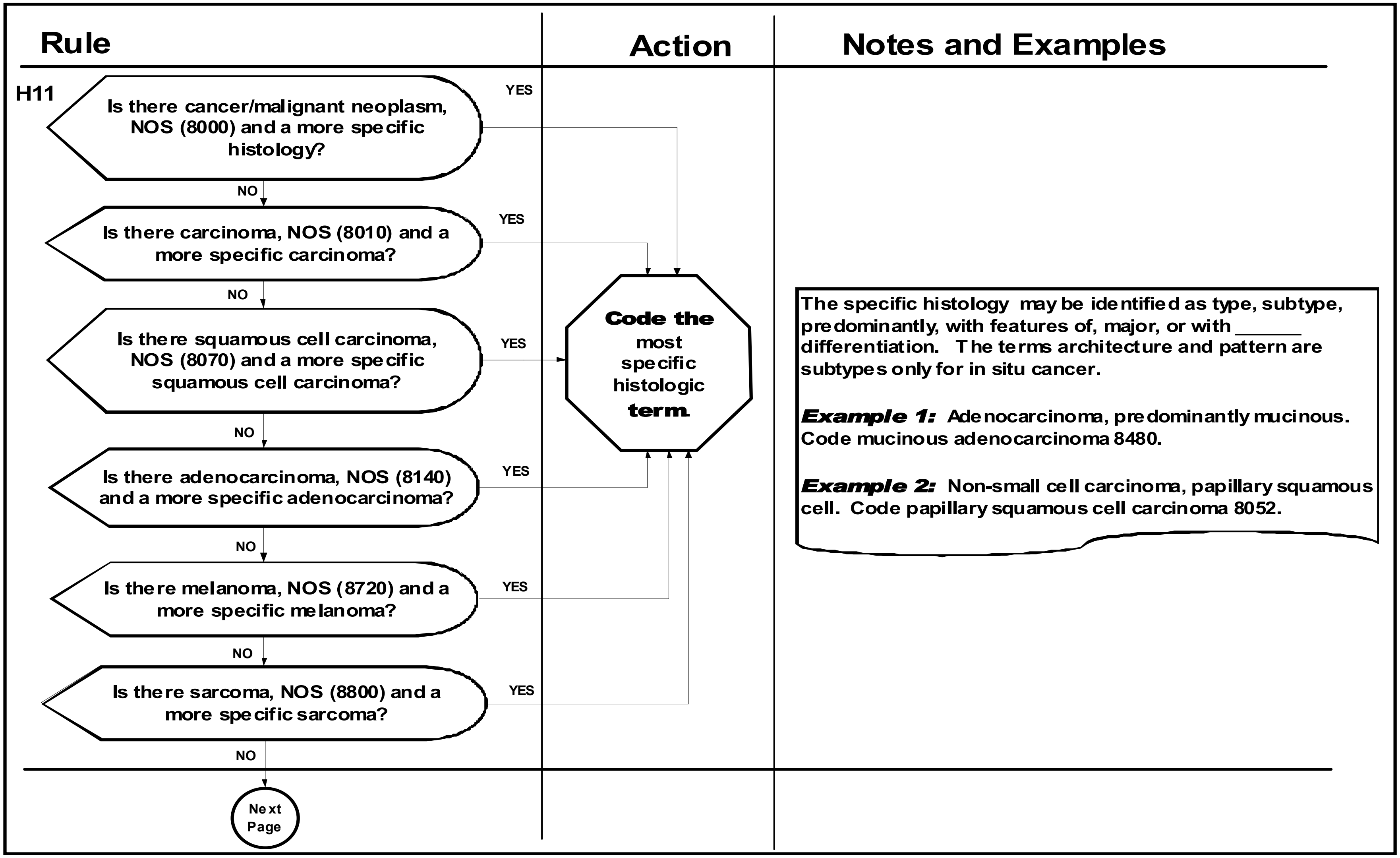
NO

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

SINGLE TUMOR: INVASIVE ONLY



Rule | **Action** | **Notes and Examples**

H11

Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology? YES → Code the most specific histologic term. NO ↓

Is there carcinoma, NOS (8010) and a more specific carcinoma? YES → Code the most specific histologic term. NO ↓

Is there squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? YES → Code the most specific histologic term. NO ↓

Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? YES → Code the most specific histologic term. NO ↓

Is there melanoma, NOS (8720) and a more specific melanoma? YES → Code the most specific histologic term. NO ↓

Is there sarcoma, NOS (8800) and a more specific sarcoma? YES → Code the most specific histologic term. NO ↓

Next Page

Code the most specific histologic **term.**

The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ______ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.

Example 1: Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.

Example 2: Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
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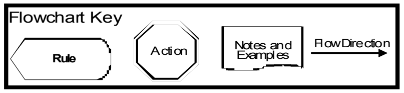
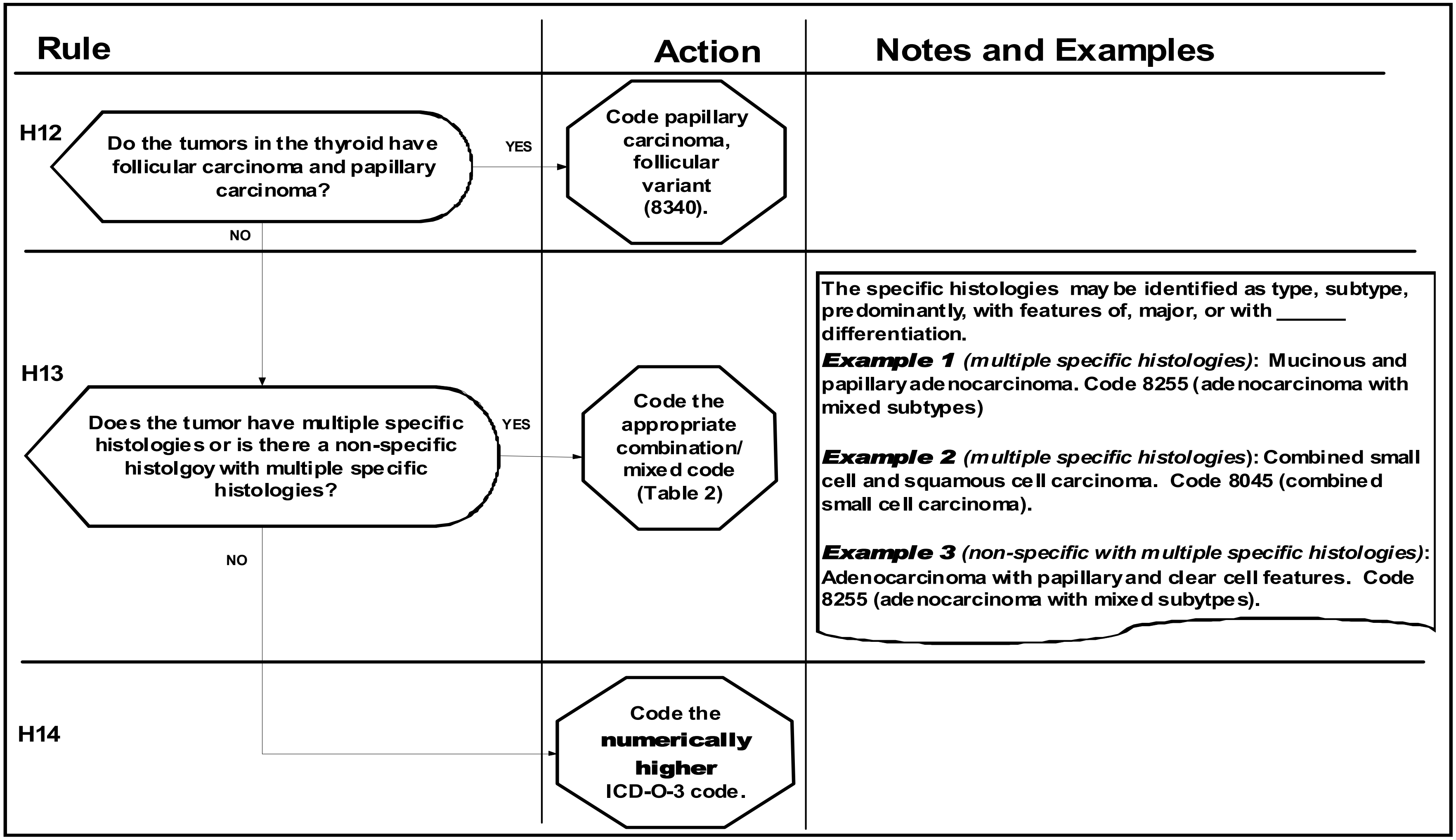


SINGLE TUMOR: INVASIVE ONLY



	Rule	Action	Notes and Examples
H12	Do the tumors in the thyroid have follicular carcinoma and papillary carcinoma? YES → Action NO → H13	Code papillary carcinoma, follicular variant (8340).	
H13	Does the tumor have multiple specific histologies or is there a non-specific histolgoy with multiple specific histologies? YES → Action NO → H14	Code the appropriate combination/ mixed code (Table 2)	The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with ______ differentiation. ***Example 1*** *(multiple specific histologies)*: Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes) ***Example 2*** *(multiple specific histologies)*: Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma). ***Example 3*** *(non-specific with multiple specific histologies)*: Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subytpes).
H14		Code the **numerically higher** ICD-O-3 code.	

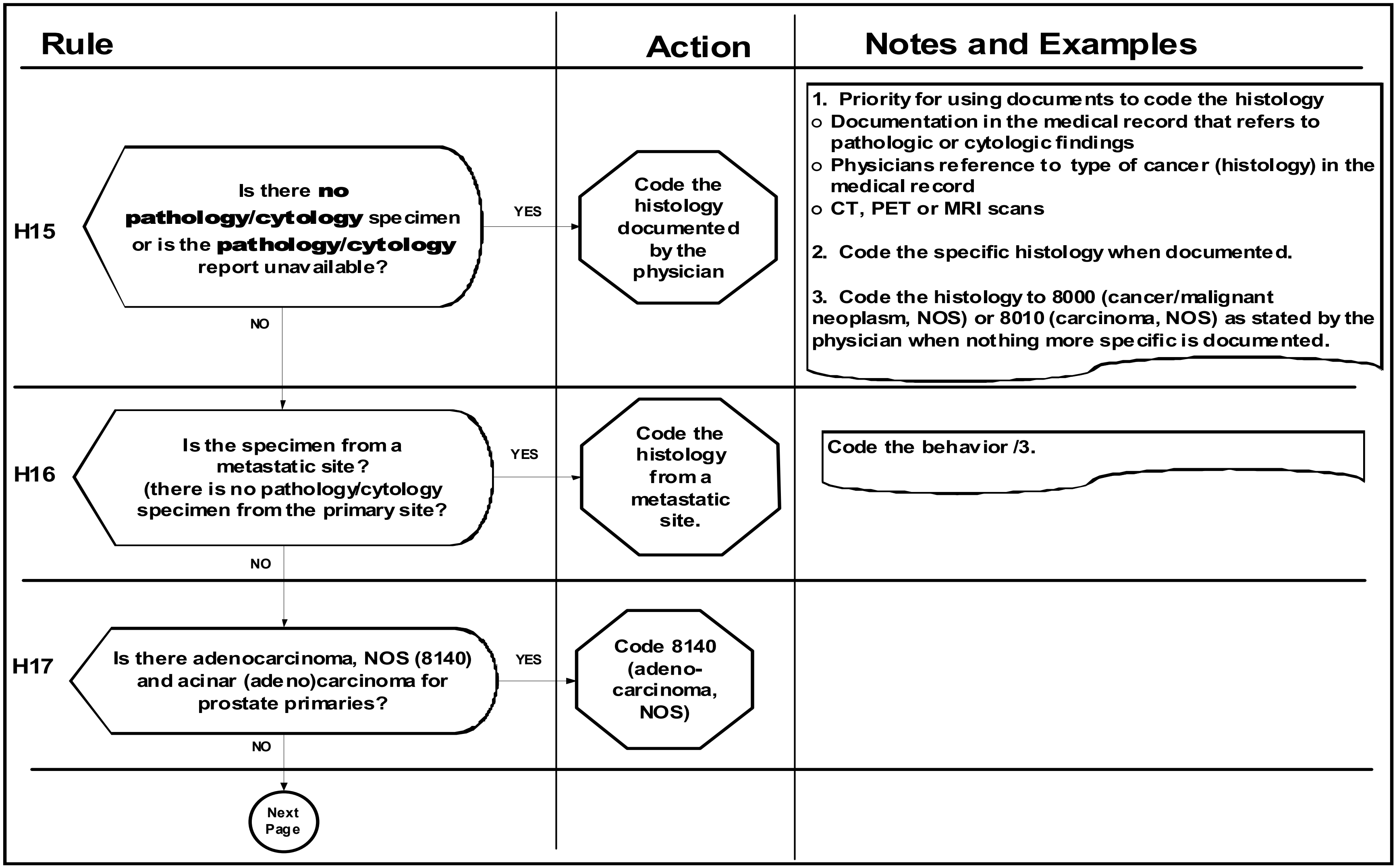
This is the end of instructions for Single Tumor: Invasive Only.
Code the histology according to the rule that fits the case.

Other Sites Histology Coding Rules -Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY


Rule
Action
Notes and Examples
H15
YES
NO
H16
YES
NO
H17
YES
NO
Next Page

H15

Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable?

YES: Code the histology documented by the physician

1. Priority for using documents to code the histology
   - o Documentation in the medical record that refers to pathologic or cytologic findings
   - o Physicians reference to type of cancer (histology) in the medical record
   - o CT, PET or MRI scans

2. Code the specific histology when documented.

3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

H16

Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site?

YES: Code the histology from a metastatic site.

Code the behavior /3.

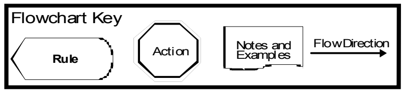
H17

Is there adenocarcinoma, NOS (8140) and acinar (adeno)carcinoma for prostate primaries?

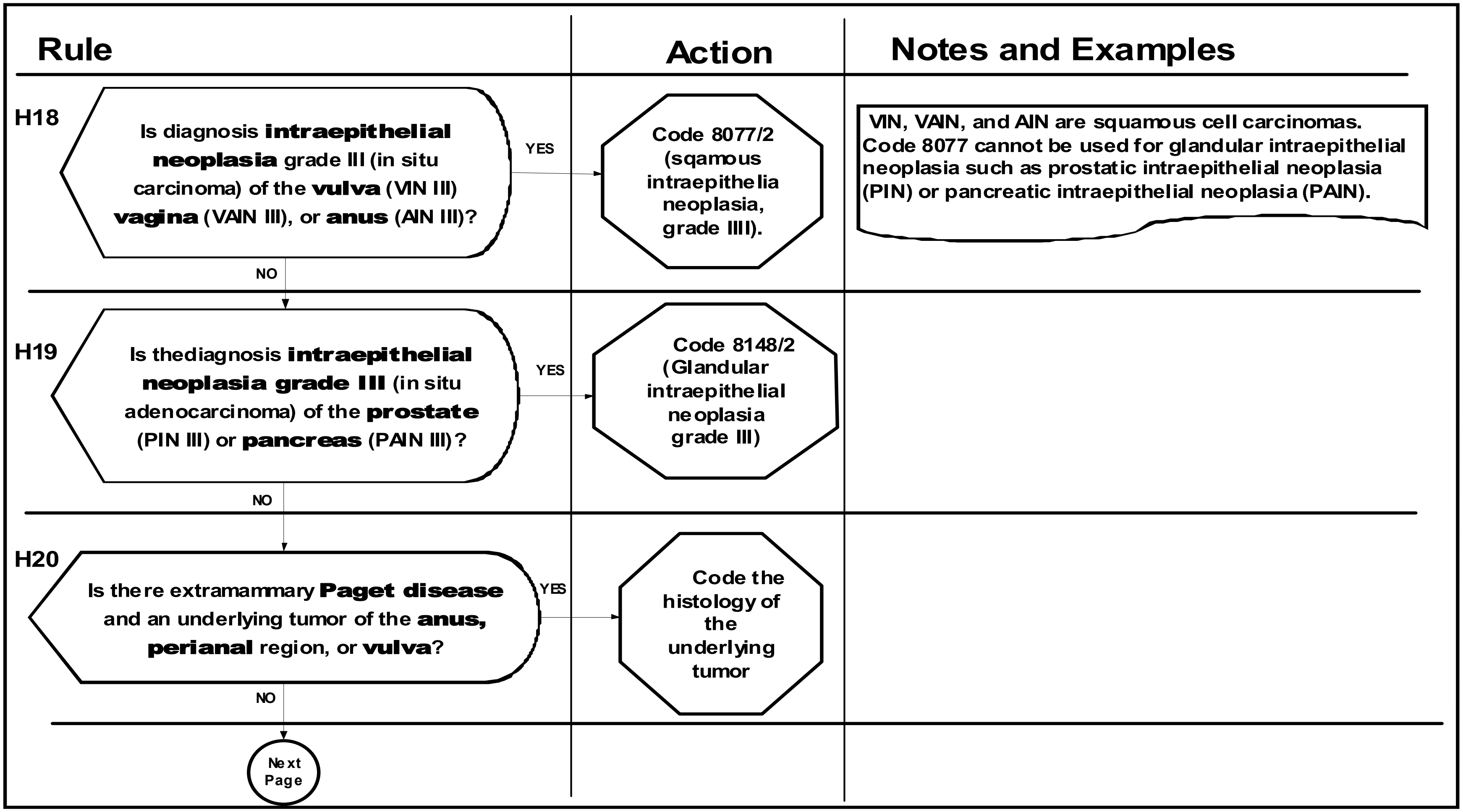
YES: Code 8140 (adeno-carcinoma, NOS)

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY


Rule
Action
Notes and Examples
YES
NO
YES
NO
YES
NO
Next Page

H18

Is diagnosis **intraepithelial neoplasia** grade III (in situ carcinoma) of the **vulva** (VIN III) **vagina** (VAIN III), or **anus** (AIN III)?

Code 8077/2 (sqamous intraepithelia neoplasia, grade IIII).

VIN, VAIN, and AIN are squamous cell carcinomas. Code 8077 cannot be used for glandular intraepithelial neoplasia such as prostatic intraepithelial neoplasia (PIN) or pancreatic intraepithelial neoplasia (PAIN).

H19

Is thediagnosis **intraepithelial neoplasia grade III** (in situ adenocarcinoma) of the **prostate** (PIN III) or **pancreas** (PAIN III)?

Code 8148/2 (Glandular intraepithelial neoplasia grade III)

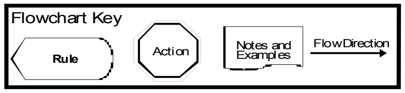
H20

Is there extramammary **Paget disease** and an underlying tumor of the **anus, perianal** region, or **vulva**?

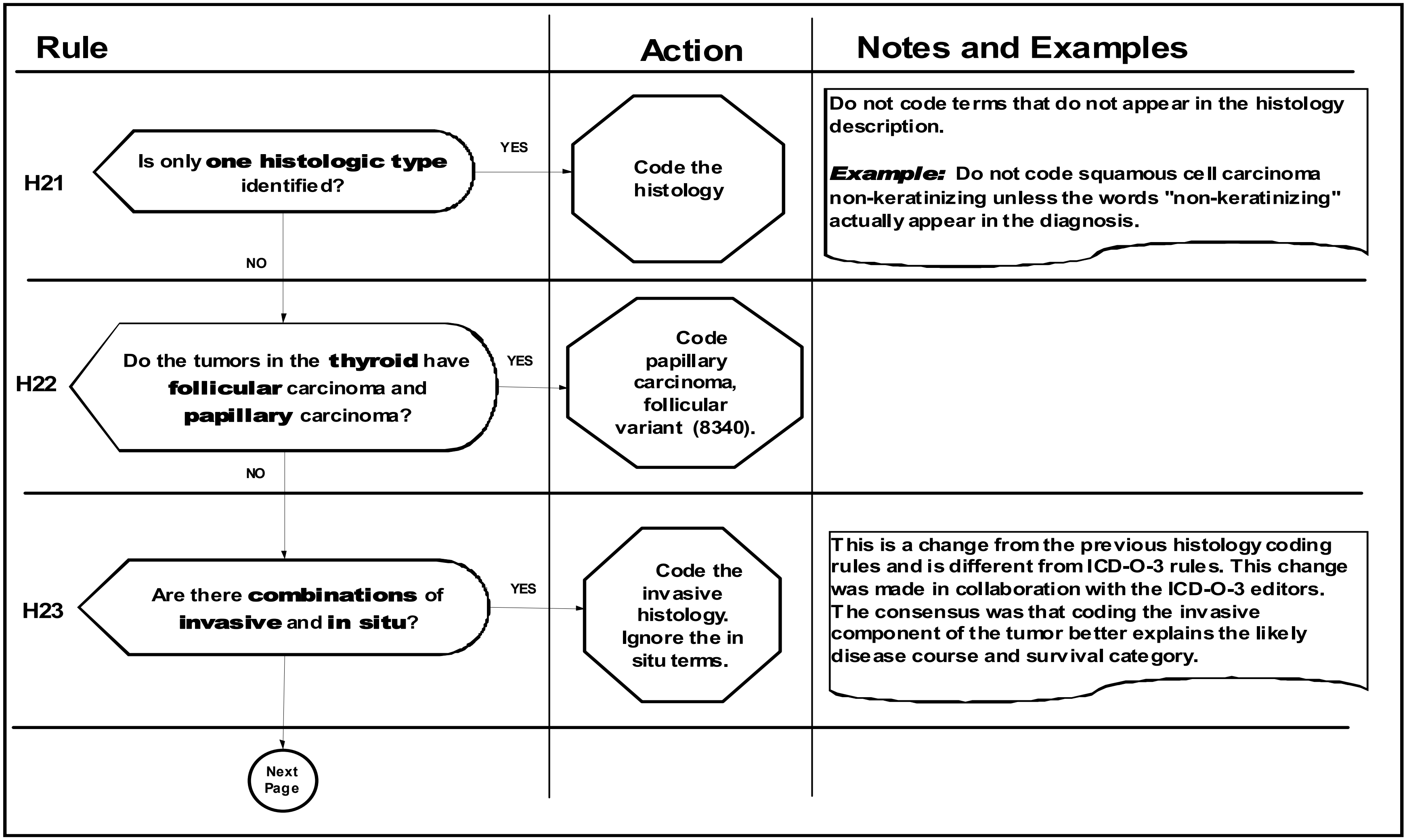
Code the histology of the underlying tumor

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY


Rule
Action
Notes and Examples
H21
YES
NO
H22
YES
NO
H23
YES
Next Page

H21 Is only **one histologic type** identified?

YES: Code the histology

Do not code terms that do not appear in the histology description.

Example: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.

H22 Do the tumors in the **thyroid** have **follicular** carcinoma and **papillary** carcinoma?

YES: Code papillary carcinoma, follicular variant (8340).

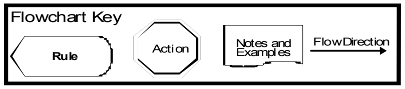
H23 Are there **combinations** of **invasive** and **in situ**?

YES: Code the invasive histology. Ignore the in situ terms.

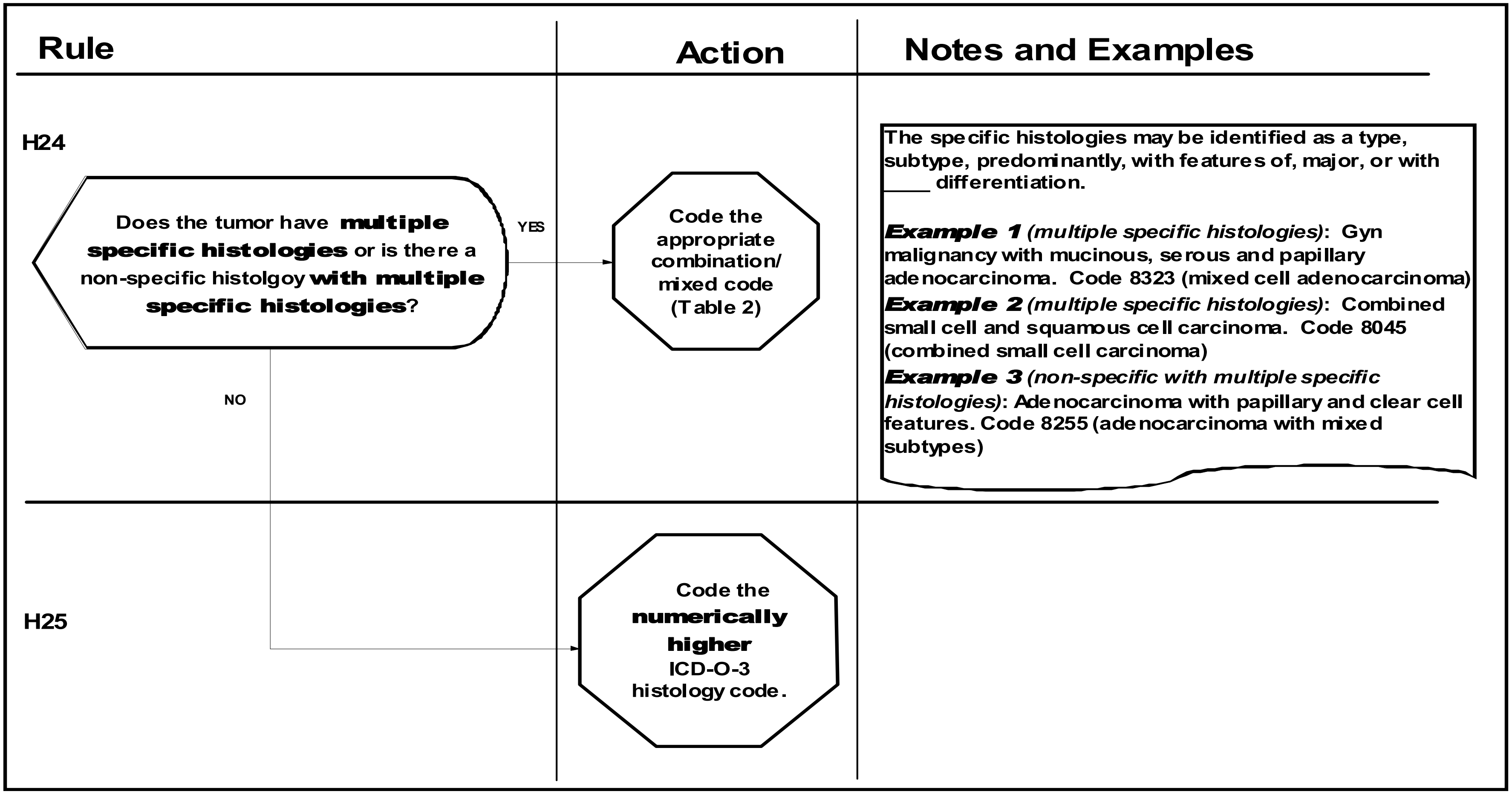
This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



H24

Does the tumor have **multiple specific histologies** or is there a non-specific histolgoy **with multiple specific histologies**?

YES: Code the appropriate combination/ mixed code (Table 2)

The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with ____ differentiation.

Example 1 *(multiple specific histologies)*: Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma)

Example 2 *(multiple specific histologies)*: Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)

Example 3 *(non-specific with multiple specific histologies)*: Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)

NO:

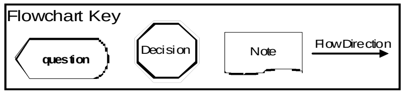
H25

Code the **numerically higher** ICD-O-3 histology code.

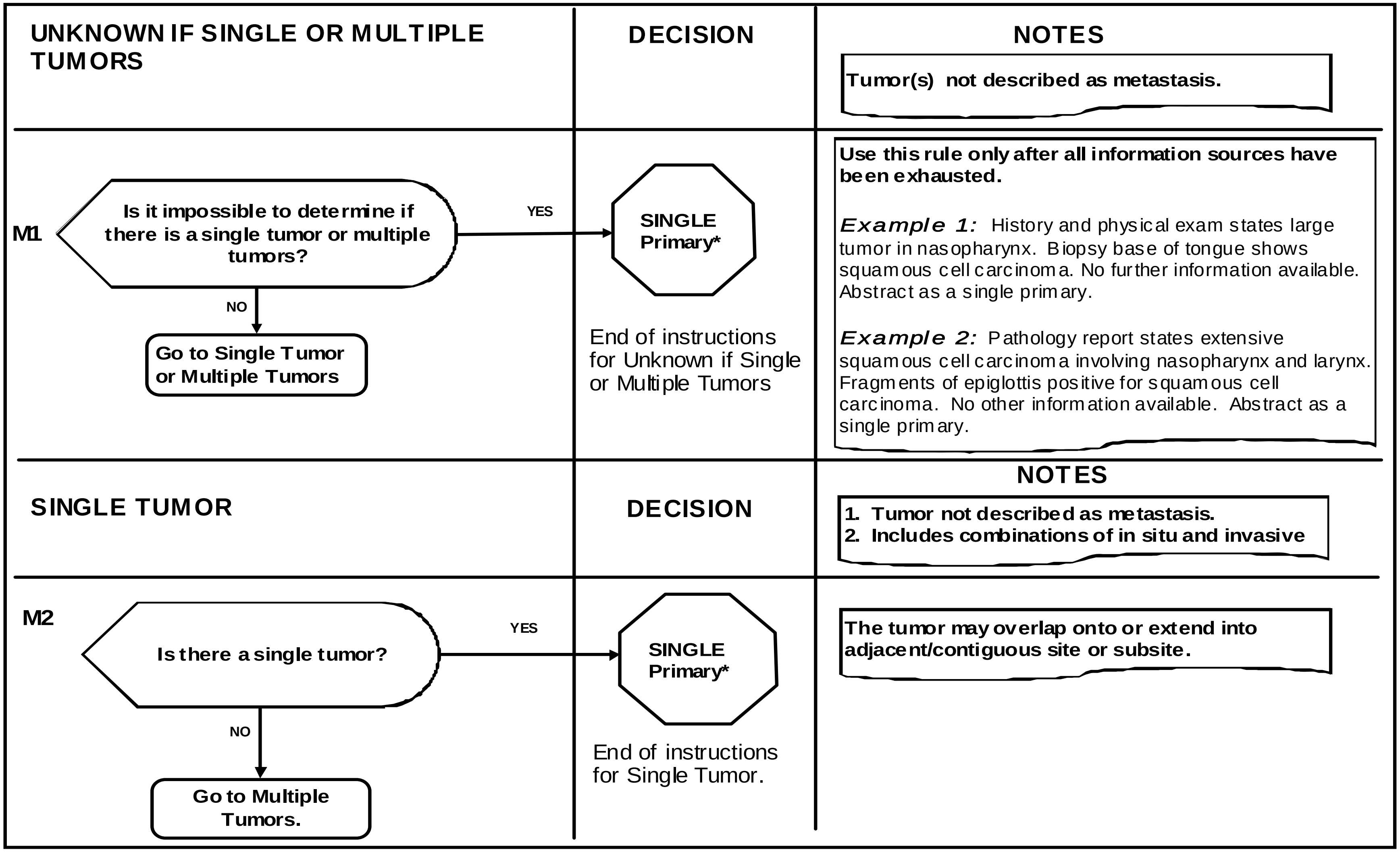
This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

Head and Neck Multiple Primary Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



UNKNOWN IF SINGLE OR MULTIPLE TUMORS

DECISION

NOTES

Tumor(s) not described as metastasis.

M1 **Is it impossible to determine if there is a single tumor or multiple tumors?**

SINGLE Primary*

End of instructions for Unknown if Single or Multiple Tumors

Go to Single Tumor or Multiple Tumors

Use this rule only after all information sources have been exhausted.

Example 1: History and physical exam states large tumor in nasopharynx. Biopsy base of tongue shows squamous cell carcinoma. No further information available. Abstract as a single primary.

Example 2: Pathology report states extensive squamous cell carcinoma involving nasopharynx and larynx. Fragments of epiglottis positive for squamous cell carcinoma. No other information available. Abstract as a single primary.

SINGLE TUMOR

DECISION

NOTES

1. **Tumor not described as metastasis.**
2. **Includes combinations of in situ and invasive**

M2 **Is there a single tumor?**

SINGLE Primary*

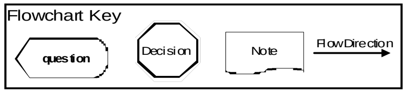
End of instructions for Single Tumor.

Go to Multiple Tumors.

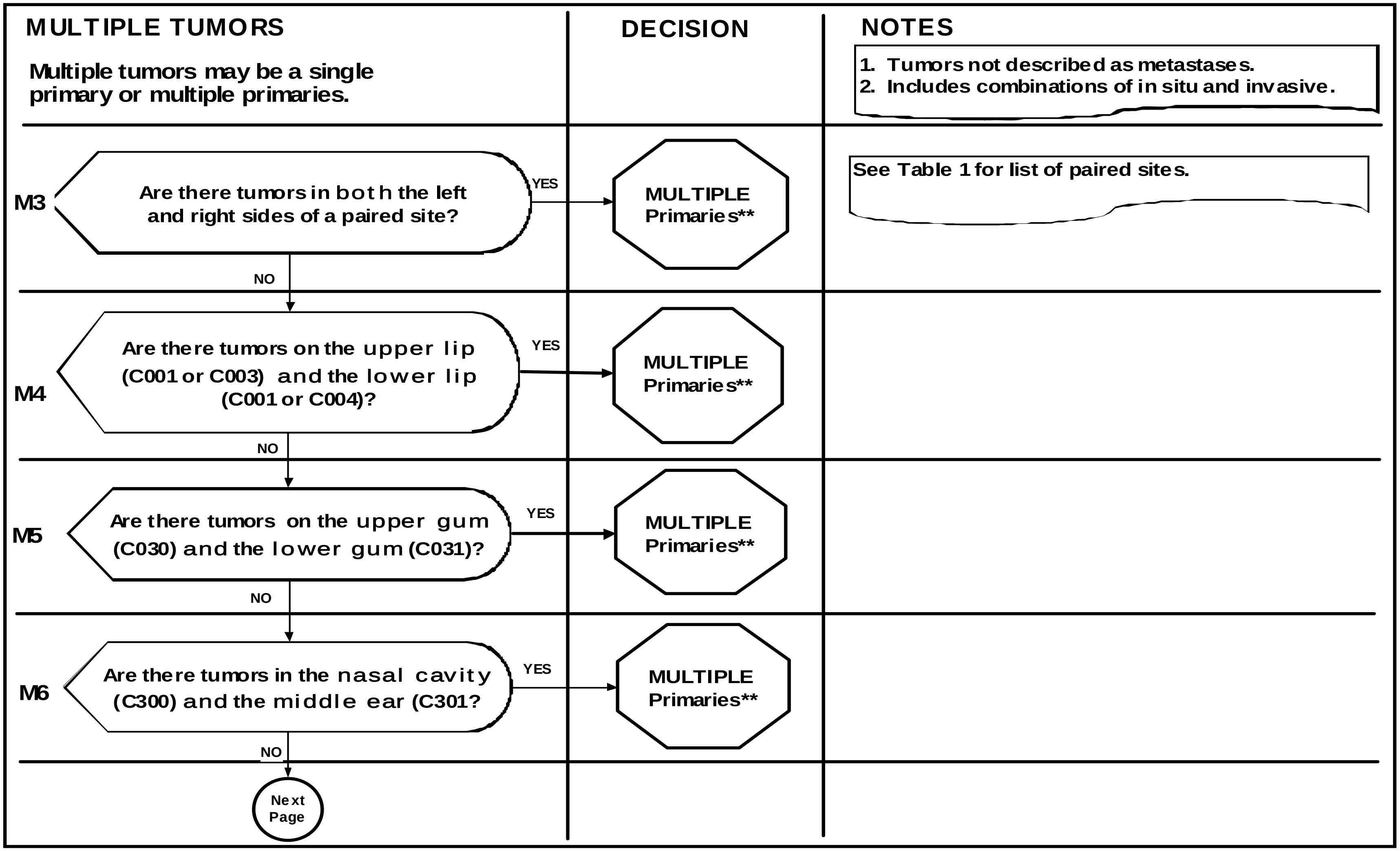
The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

Head and Neck Multiple Primary Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



MULTIPLE TUMORS | **DECISION** | **NOTES**

Multiple tumors may be a single primary or multiple primaries.

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

M3 Are there tumors in both the left and right sides of a paired site? YES → MULTIPLE Primaries** — See Table 1 for list of paired sites. NO ↓

M4 Are there tumors on the upper lip (C001 or C003) and the lower lip (C001 or C004)? YES → MULTIPLE Primaries** NO ↓

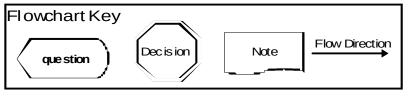
M5 Are there tumors on the upper gum (C030) and the lower gum (C031)? YES → MULTIPLE Primaries** NO ↓

M6 Are there tumors in the nasal cavity (C300) and the middle ear (C301? YES → MULTIPLE Primaries** NO ↓

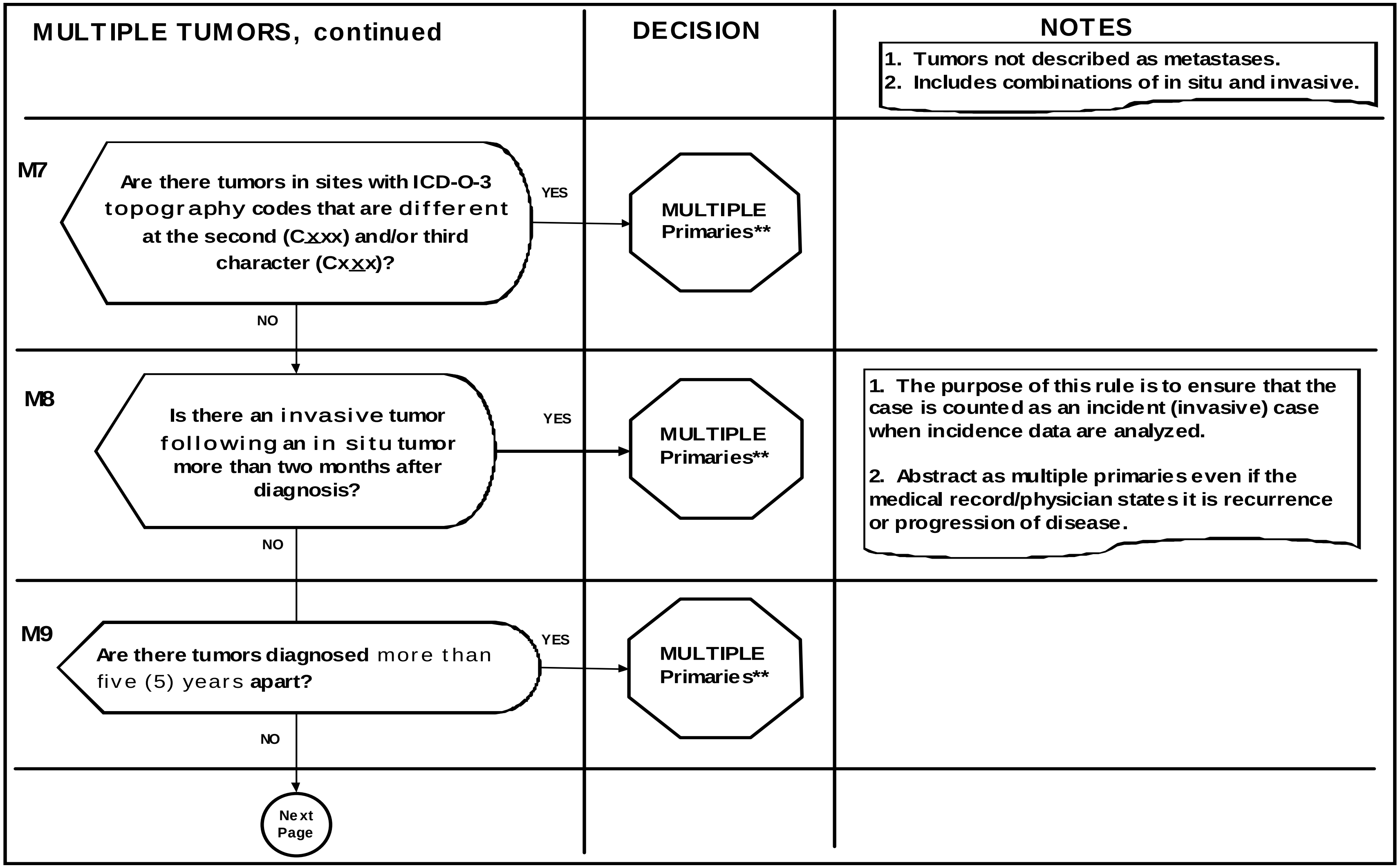
Next Page

Head and Neck Multiple Primary Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS, continued
DECISION
NOTES
M7
YES
NO
MULTIPLE Primaries**
M8
YES
NO
MULTIPLE Primaries**
M9
YES
NO
MULTIPLE Primaries**
Next Page

NOTES

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

M7 Are there tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third character (Cxxx)?

YES: MULTIPLE Primaries**

M8 Is there an invasive tumor following an in situ tumor more than two months after diagnosis?

YES: MULTIPLE Primaries**

1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.

2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

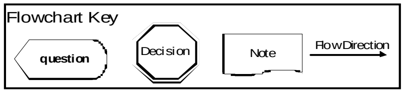
M9 Are there tumors diagnosed more than five (5) years apart?

YES: MULTIPLE Primaries**

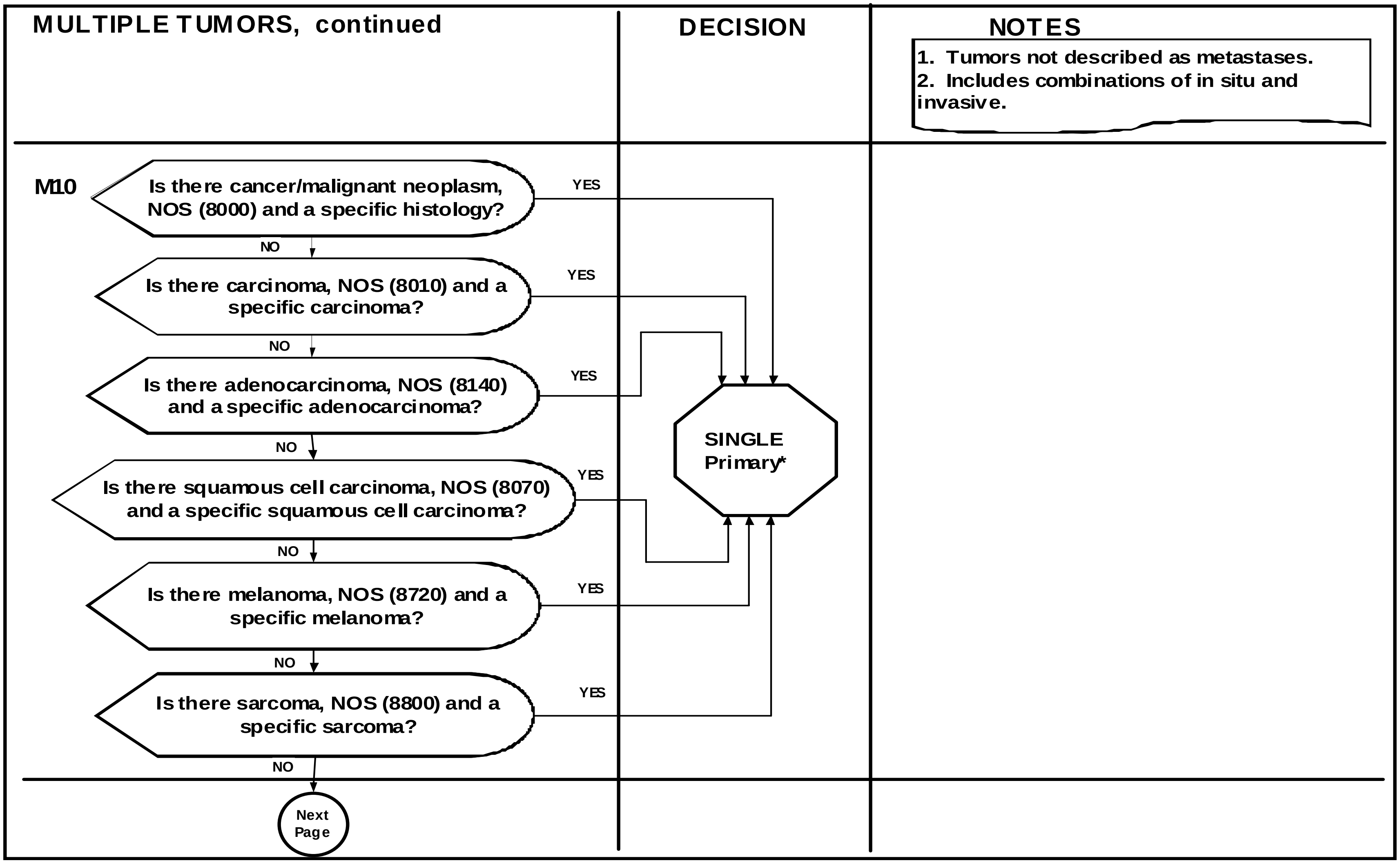
Next Page

Head and Neck Multiple Primary Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

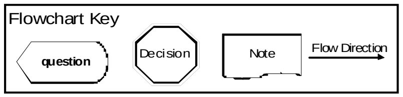

Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

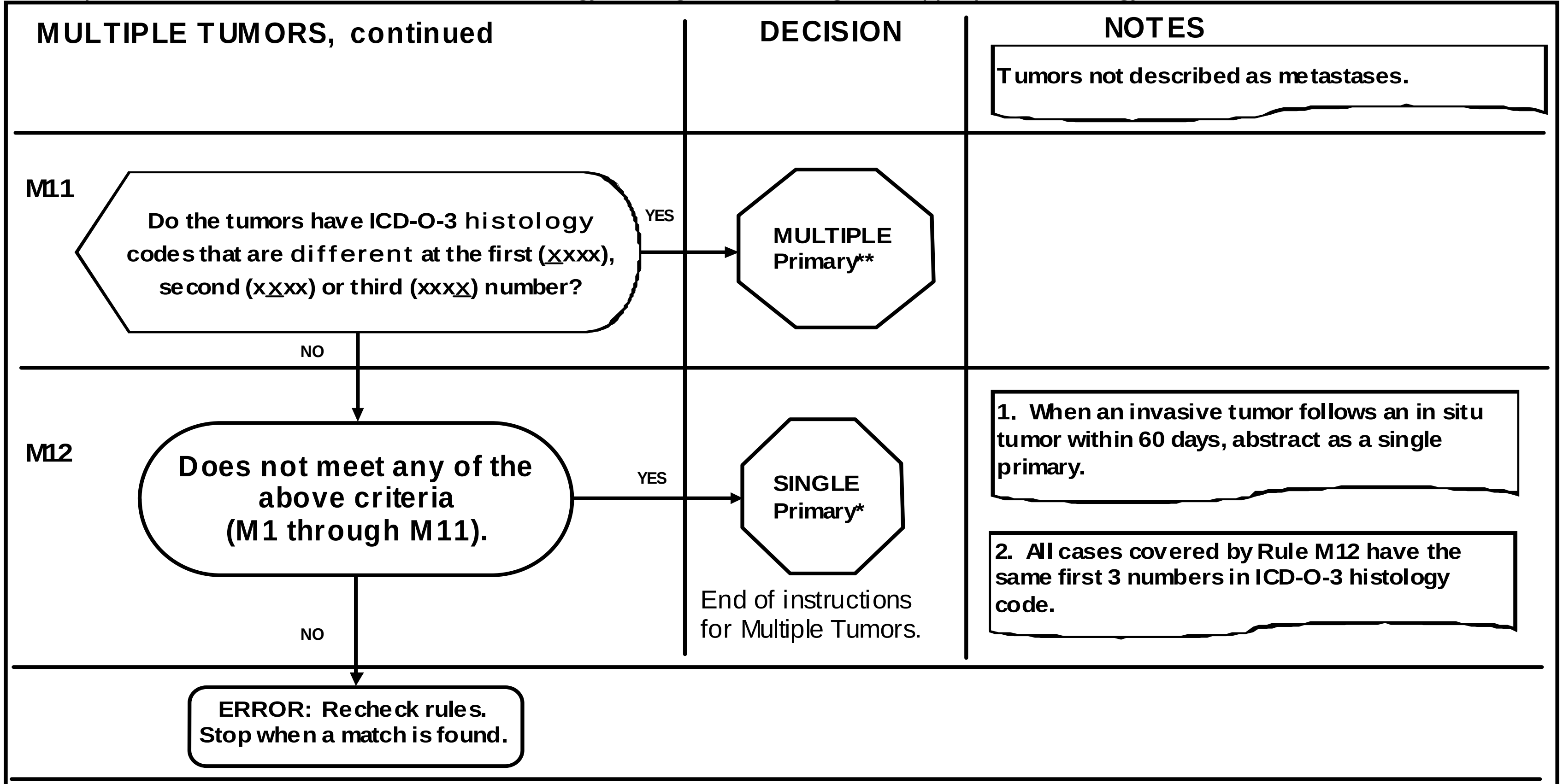

MULTIPLE TUMORS, continued
DECISION
NOTES
1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.
M10
Is there cancer/malignant neoplasm, NOS (8000) and a specific histology?
YES
NO
Is there carcinoma, NOS (8010) and a specific carcinoma?
YES
NO
Is there adenocarcinoma, NOS (8140) and a specific adenocarcinoma?
YES
NO
Is there squamous cell carcinoma, NOS (8070) and a specific squamous cell carcinoma?
YES
NO
Is there melanoma, NOS (8720) and a specific melanoma?
YES
NO
Is there sarcoma, NOS (8800) and a specific sarcoma?
YES
NO
SINGLE Primary*
Next Page

Head and Neck Multiple Primary Rules

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS, continued
DECISION
NOTES
M11
Do the tumors have ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number?
YES
MULTIPLE Primary**
NO
M12
Does not meet any of the above criteria (M1 through M11).
YES
SINGLE Primary*
NO
ERROR: Recheck rules. Stop when a match is found.

Tumors not described as metastases.

1. When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

2. All cases covered by Rule M12 have the same first 3 numbers in ICD-O-3 histology code.

End of instructions for Multiple Tumors.

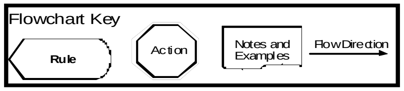
Rule M12 Examples: The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.
Warning: **Using only these case examples to determine the number of primaries can result in major errors.**

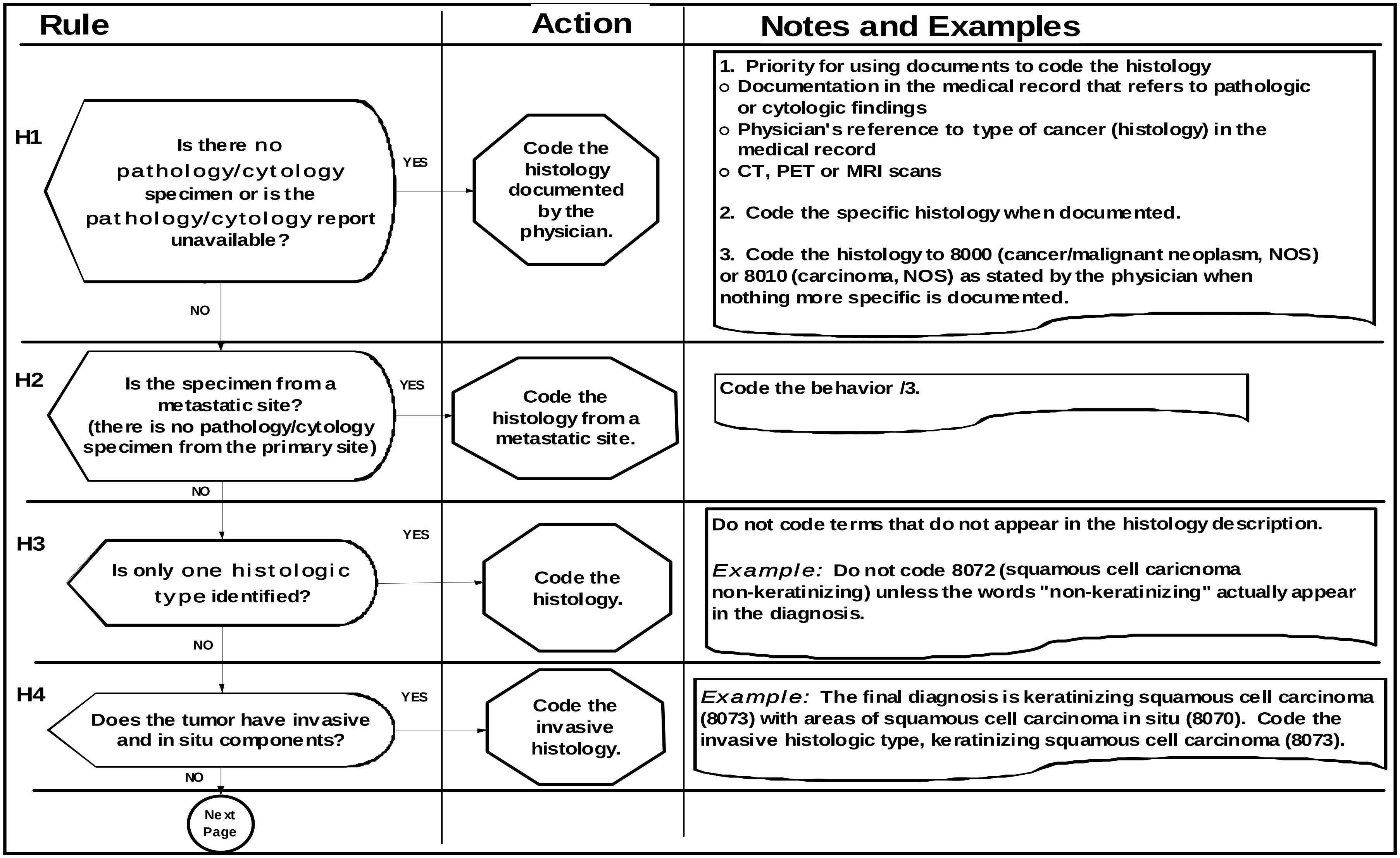
Example 1. Multifocal tumors in floor of mouth	Example 2. An in situ and invasive tumor diagnosed within 60 days	Example 3. In situ following an invasive tumor more than 60 days apart

Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

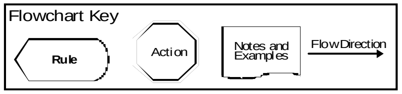


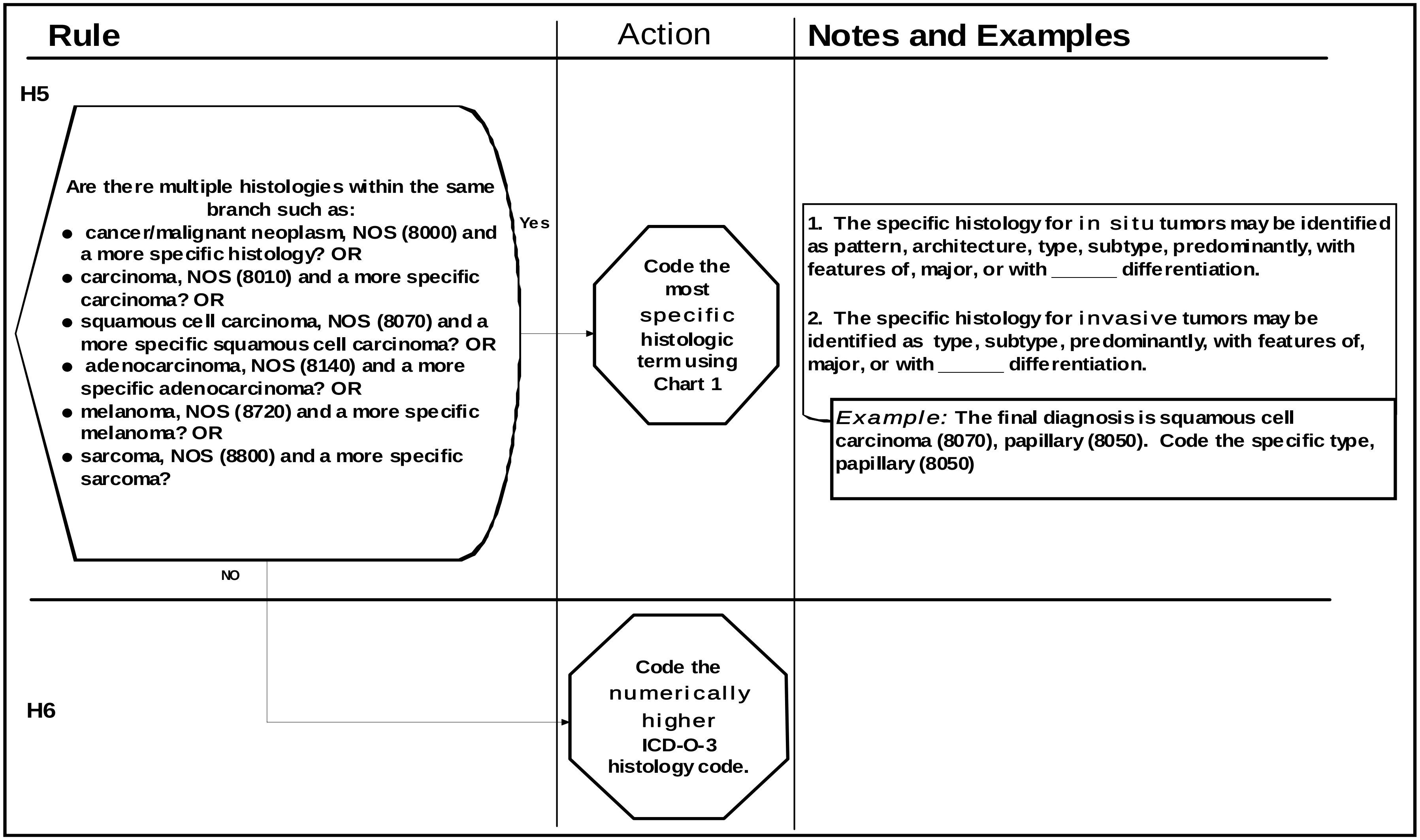


	Rule	Action	Notes and Examples
H1	Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT, PET or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
H2	Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)	Code the histology from a metastatic site.	Code the behavior /3.
H3	Is only one histologic type identified?	Code the histology.	Do not code terms that do not appear in the histology description. *Example:* Do not code 8072 (squamous cell caricnoma non-keratinizing) unless the words "non-keratinizing" actually appear in the diagnosis.
H4	Does the tumor have invasive and in situ components?	Code the invasive histology.	*Example:* The final diagnosis is keratinizing squamous cell carcinoma (8073) with areas of squamous cell carcinoma in situ (8070). Code the invasive histologic type, keratinizing squamous cell carcinoma (8073).

Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)





H5

Are there multiple histologies within the same branch such as:
- cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR
- carcinoma, NOS (8010) and a more specific carcinoma? OR
- squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR
- adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR
- melanoma, NOS (8720) and a more specific melanoma? OR
- sarcoma, NOS (8800) and a more specific sarcoma?

Yes: Code the most specific histologic term using Chart 1

1. The specific histology for *in situ* tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ______ differentiation.

2. The specific histology for *invasive* tumors may be identified as type, subtype, predominantly, with features of, major, or with ______ differentiation.

Example: The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050)

NO:

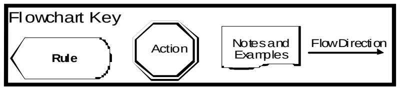
H6

Code the numerically higher ICD-O-3 histology code.

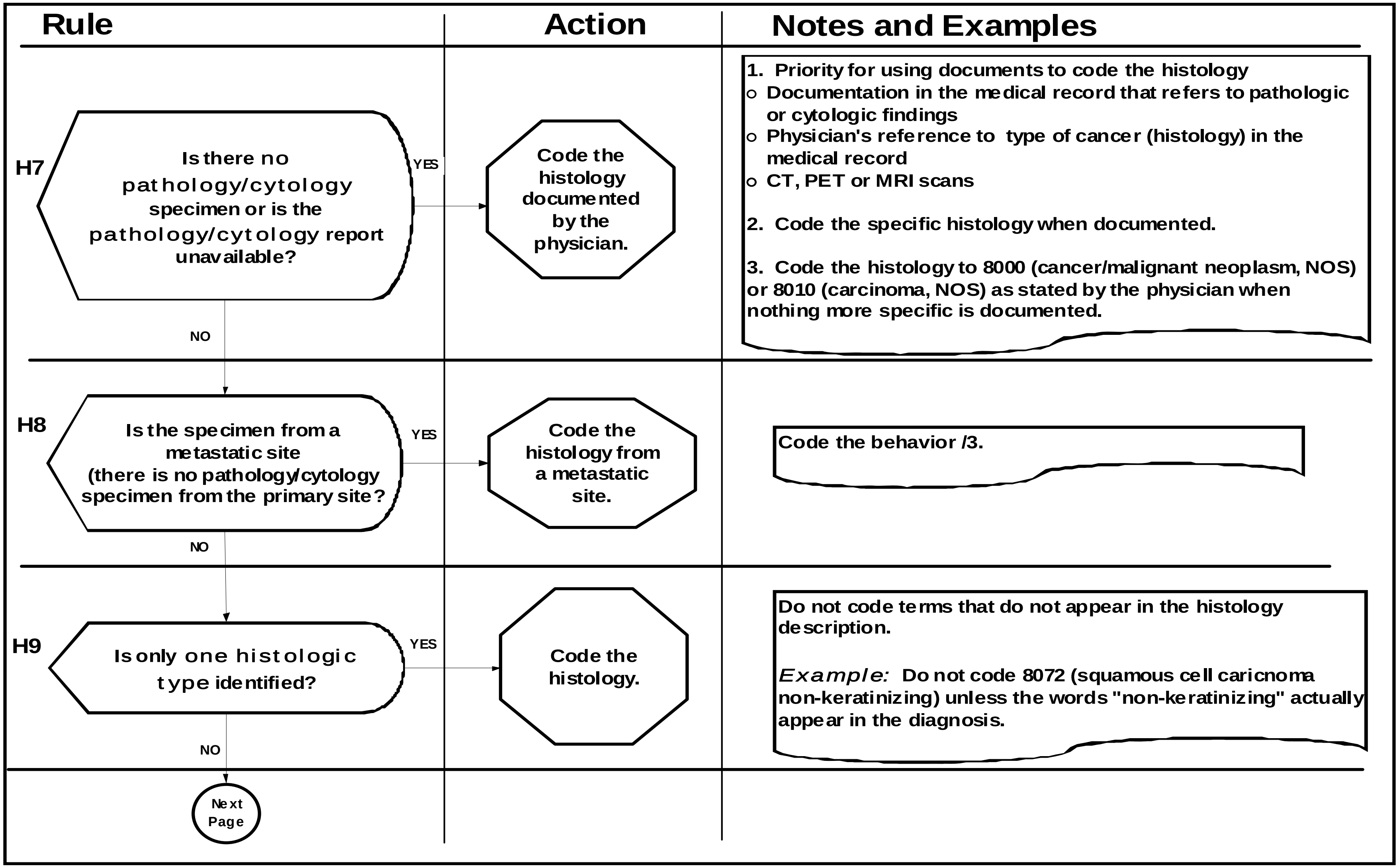
This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



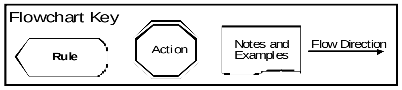
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

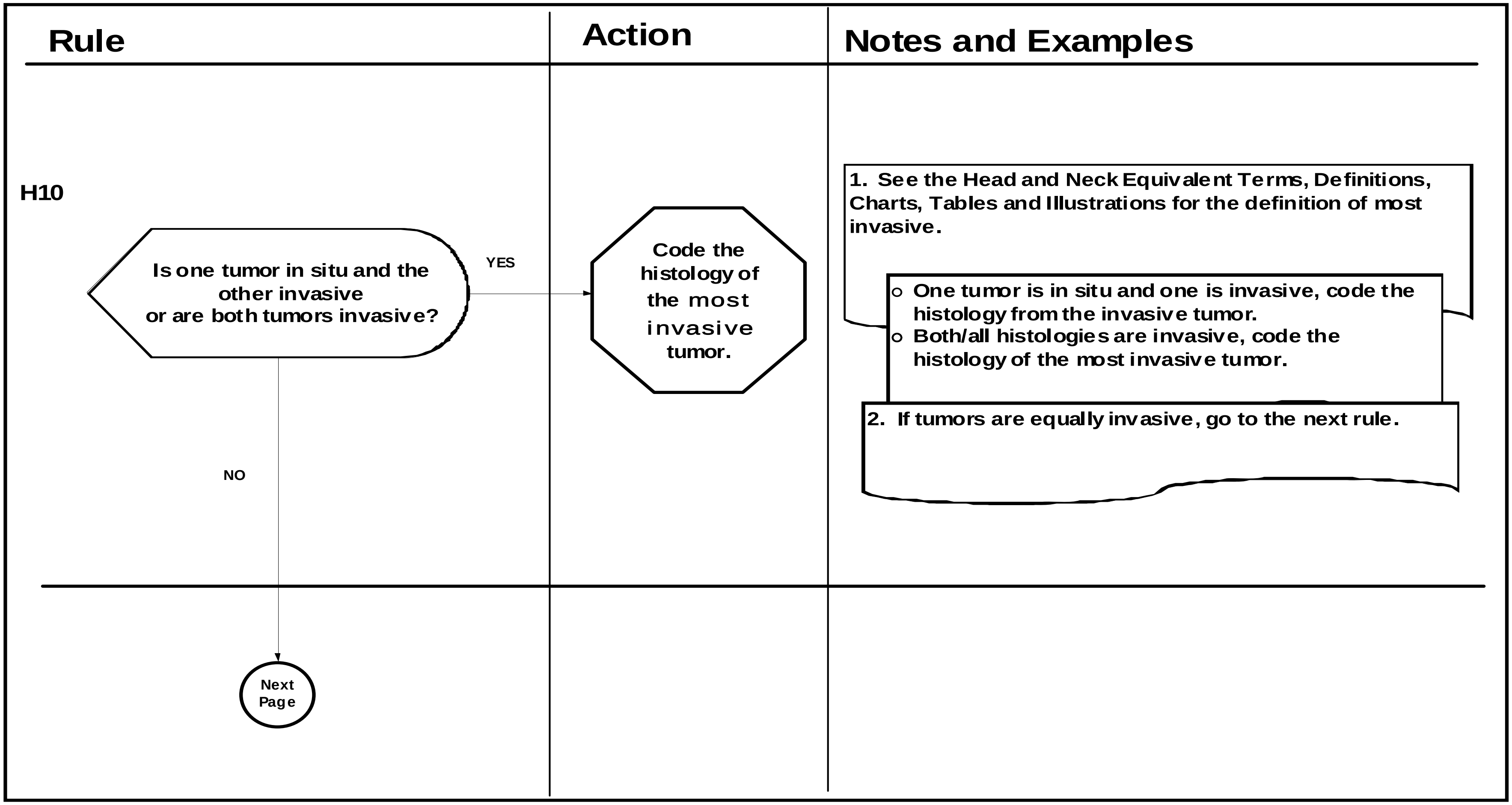


Rule	Action	Notes and Examples
H7 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? YES →	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT, PET or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
NO ↓		
H8 Is the specimen from a metastatic site (there is no pathology/cytology specimen from the primary site? YES →	Code the histology from a metastatic site.	Code the behavior /3.
NO ↓		
H9 Is only one histologic type identified? YES →	Code the histology.	Do not code terms that do not appear in the histology description. *Example:* Do not code 8072 (squamous cell caricnoma non-keratinizing) unless the words "non-keratinizing" actually appear in the diagnosis.
NO ↓		
Next Page		

Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction


Rule
Action
Notes and Examples
H10
YES
NO
Next Page

H10

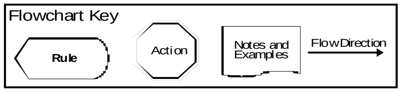
Is one tumor in situ and the other invasive or are both tumors invasive?

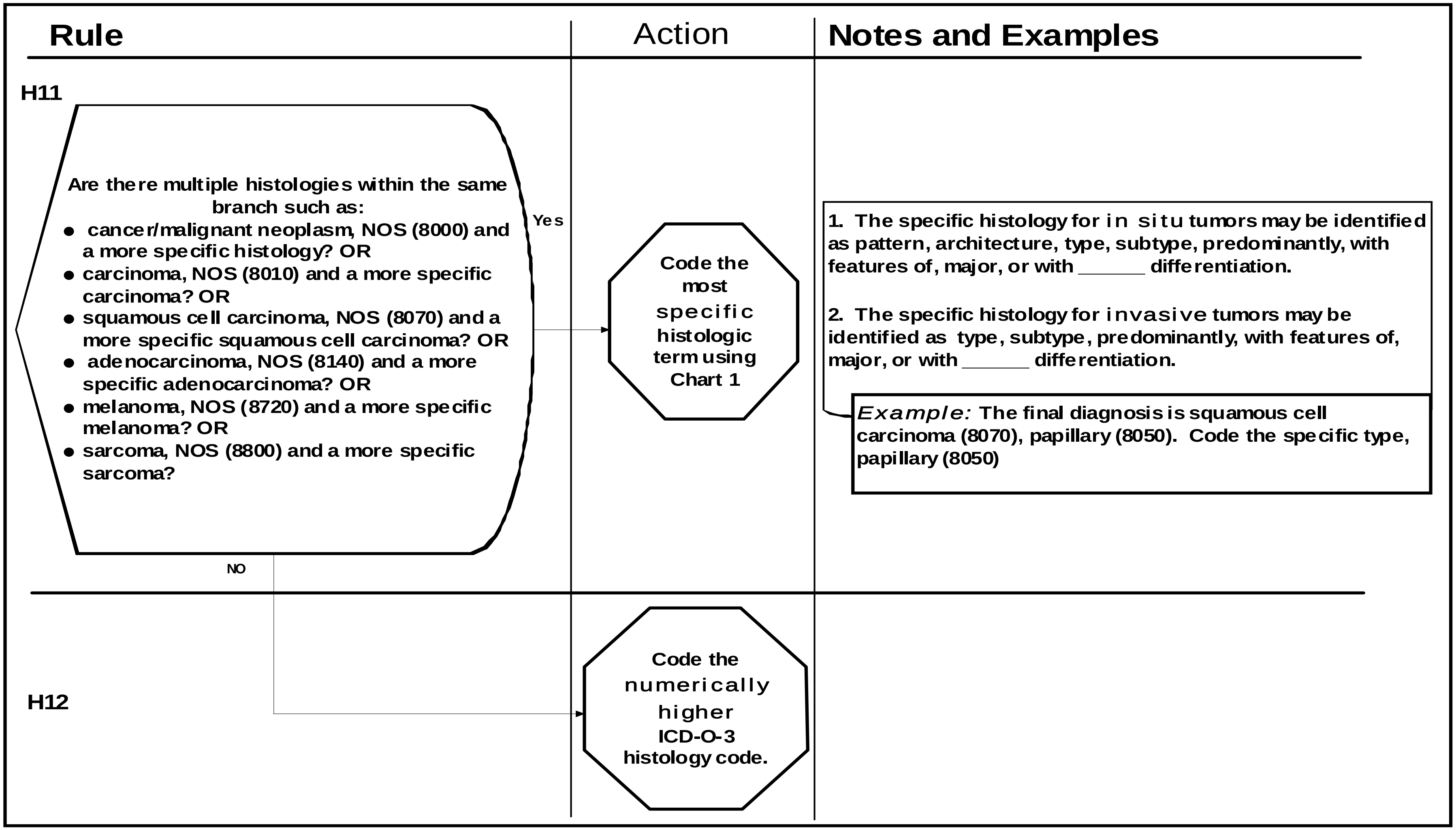
Code the histology of the most invasive tumor.

1. See the Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.
   - One tumor is in situ and one is invasive, code the histology from the invasive tumor.
   - Both/all histologies are invasive, code the histology of the most invasive tumor.
2. If tumors are equally invasive, go to the next rule.

Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)





H11

Are there multiple histologies within the same branch such as:

- cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR
- carcinoma, NOS (8010) and a more specific carcinoma? OR
- squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR
- adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR
- melanoma, NOS (8720) and a more specific melanoma? OR
- sarcoma, NOS (8800) and a more specific sarcoma?

Yes: Code the most specific histologic term using Chart 1

1. The specific histology for *in situ* tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ______ differentiation.

2. The specific histology for *invasive* tumors may be identified as type, subtype, predominantly, with features of, major, or with ______ differentiation.

Example: The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050)

H12

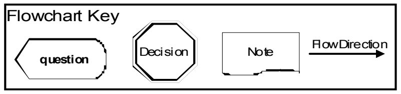
Code the numerically higher ICD-O-3 histology code.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

Colon Multiple Primary Rules - Flowchart

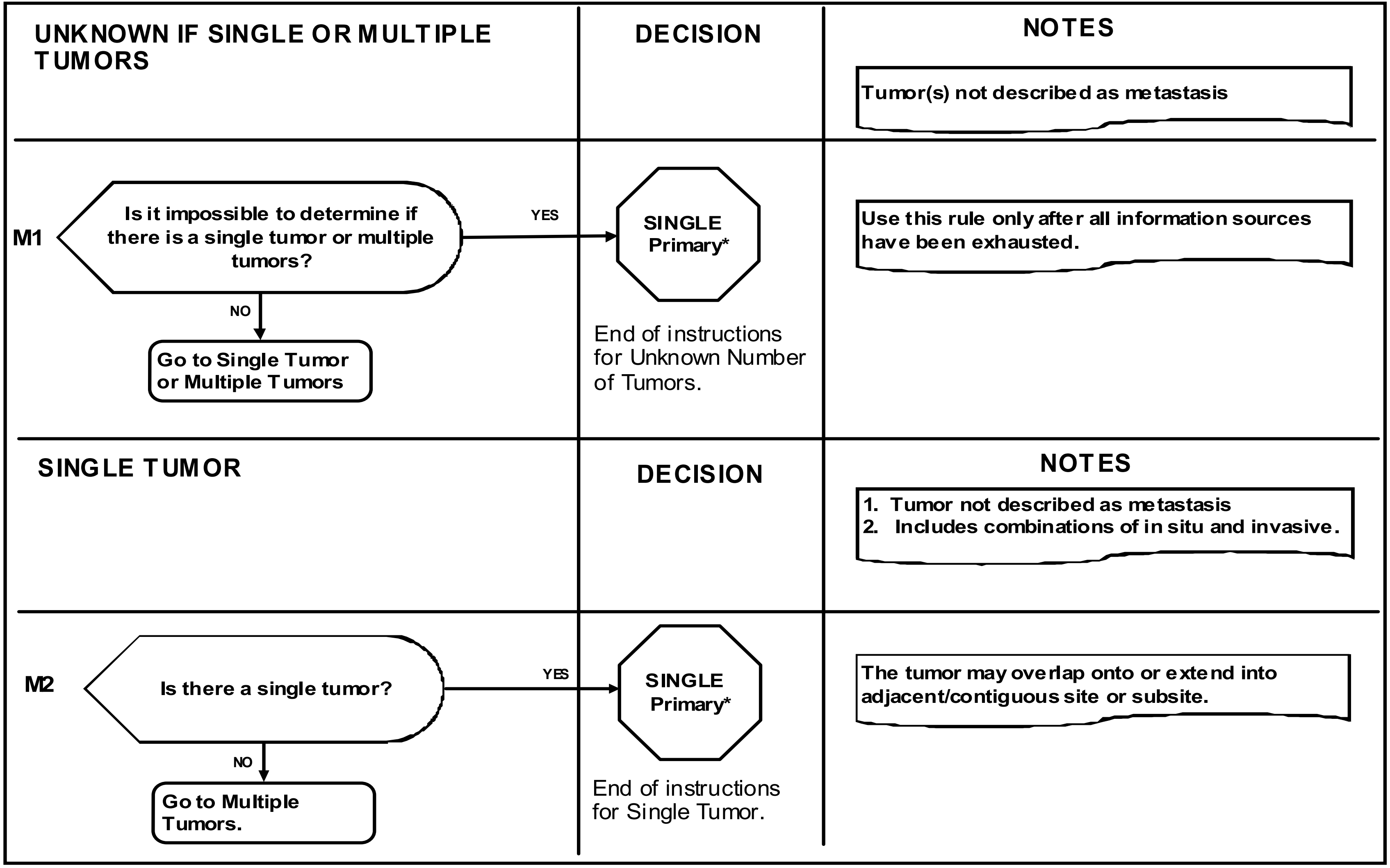
(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

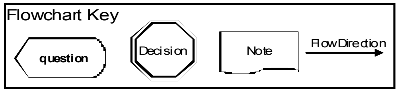
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


UNKNOWN IF SINGLE OR MULTIPLE TUMORS
DECISION
NOTES
Tumor(s) not described as metastasis
M1
Is it impossible to determine if there is a single tumor or multiple tumors?
YES
SINGLE Primary*
Use this rule only after all information sources have been exhausted.
NO
Go to Single Tumor or Multiple Tumors
End of instructions for Unknown Number of Tumors.
SINGLE TUMOR
DECISION
NOTES
1. Tumor not described as metastasis
2. Includes combinations of in situ and invasive.
M2
Is there a single tumor?
YES
SINGLE Primary*
The tumor may overlap onto or extend into adjacent/contiguous site or subsite.
NO
Go to Multiple Tumors.
End of instructions for Single Tumor.

Colon Multiple Primary Rules - Flowchart

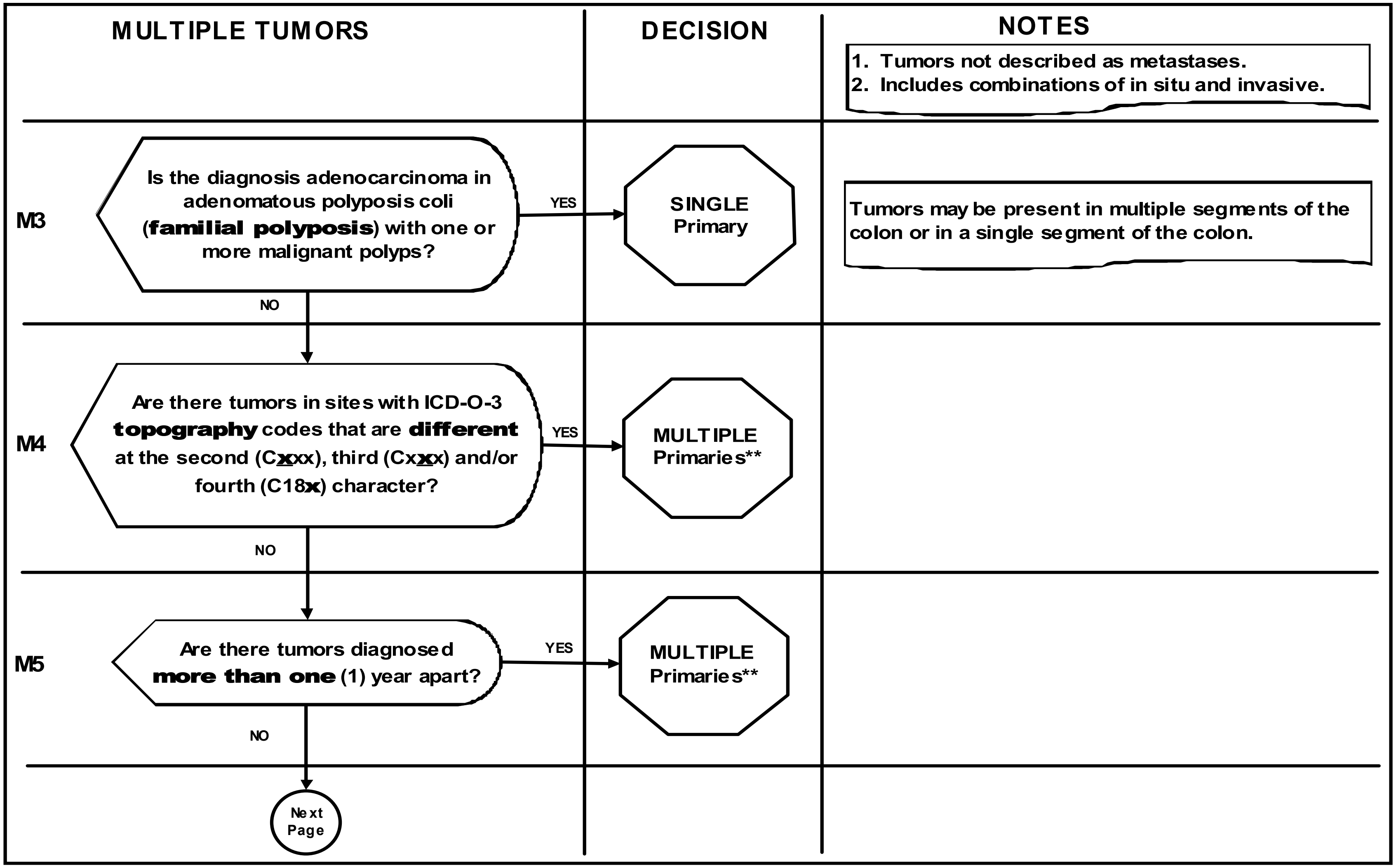
(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS
DECISION
NOTES
1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.
M3
Is the diagnosis adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more malignant polyps?
YES
SINGLE Primary
Tumors may be present in multiple segments of the colon or in a single segment of the colon.
NO
M4
Are there tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx), third (Cxxx) and/or fourth (C18x) character?
YES
MULTIPLE Primaries**
NO
M5
Are there tumors diagnosed more than one (1) year apart?
YES
MULTIPLE Primaries**
NO
Next Page

Colon Multiple Primary Rules -Flowchart

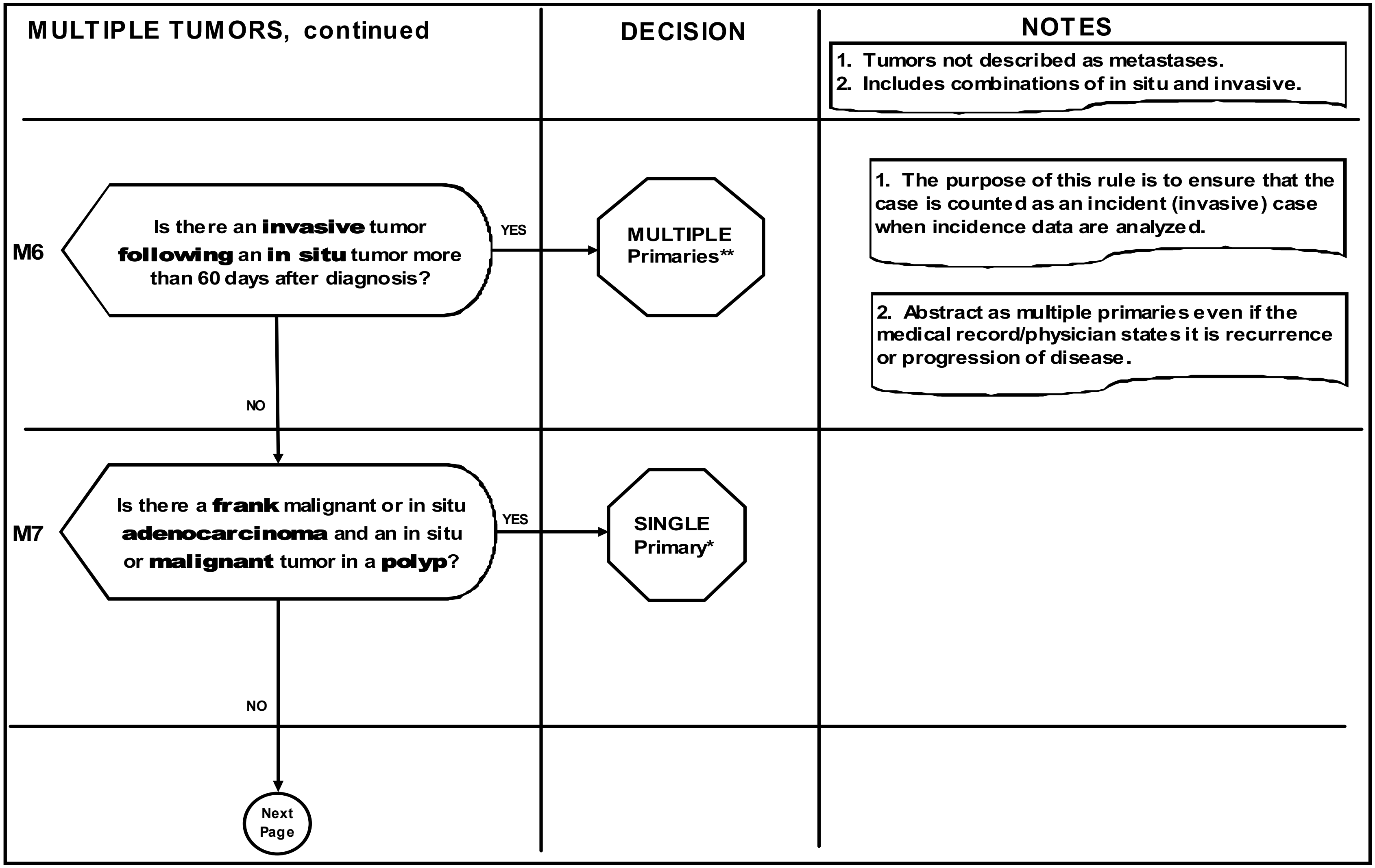
(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

*   Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Flowchart Key
question
Decision
Note
Flow Direction


MULTIPLE TUMORS, continued
DECISION
NOTES
M6
Is there an **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis?
YES
MULTIPLE Primaries**
NO
M7
Is there a **frank** malignant or in situ **adenocarcinoma** and an in situ or **malignant** tumor in a **polyp**?
YES
SINGLE Primary*
NO
Next Page

1. Tumors not described as metastases.

2. Includes combinations of in situ and invasive.

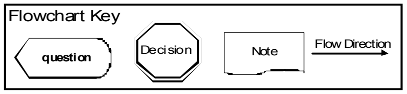
1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.

2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

Colon Multiple Primary Rules - Flowchart

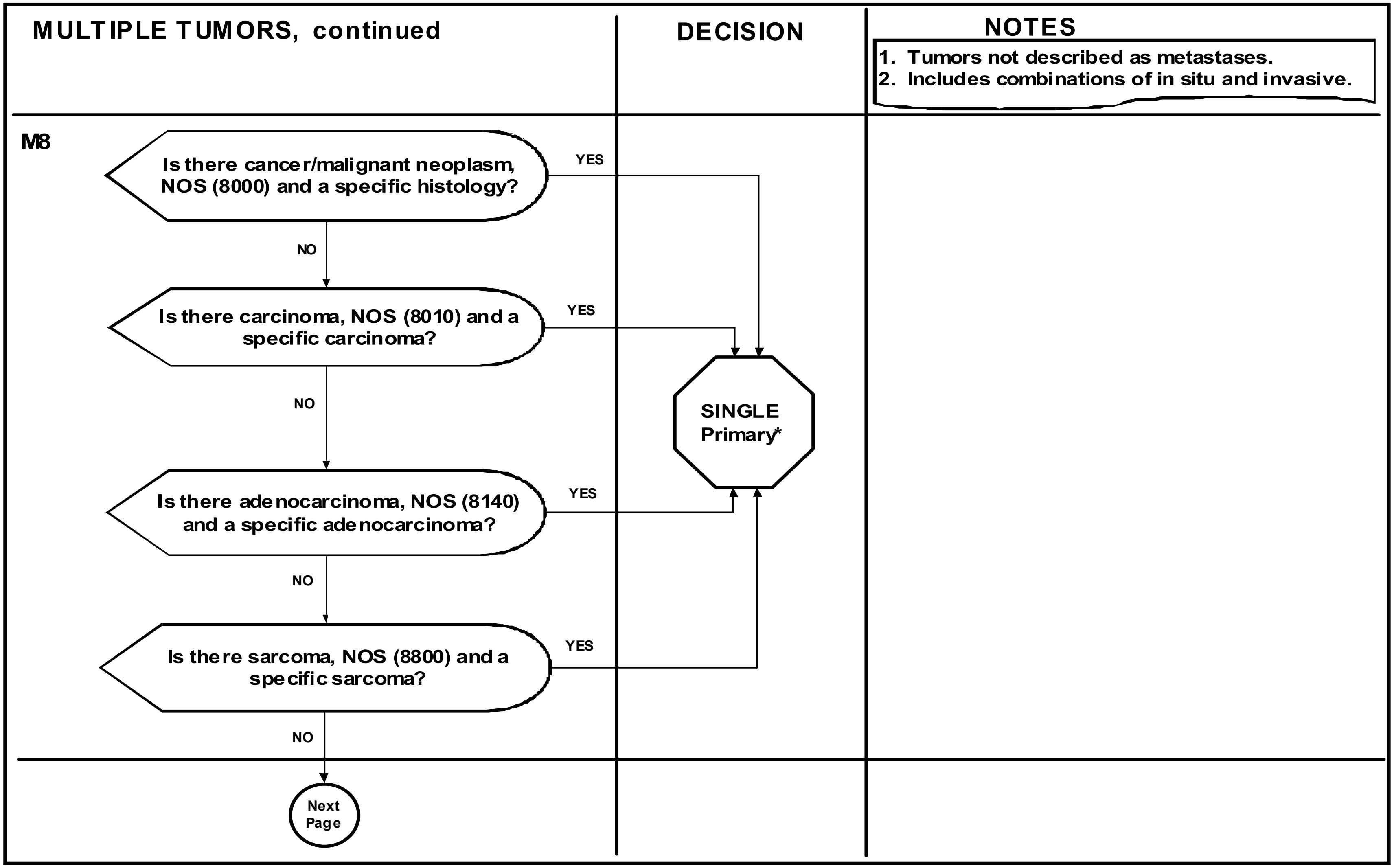
(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

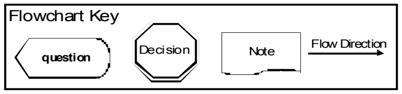
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS, continued
DECISION
NOTES
1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.
M8
Is there cancer/malignant neoplasm, NOS (8000) and a specific histology?
YES
NO
Is there carcinoma, NOS (8010) and a specific carcinoma?
YES
NO
Is there adenocarcinoma, NOS (8140) and a specific adenocarcinoma?
YES
NO
Is there sarcoma, NOS (8800) and a specific sarcoma?
YES
NO
SINGLE Primary*
Next Page

Colon Multiple Primary Rules - Flowchart

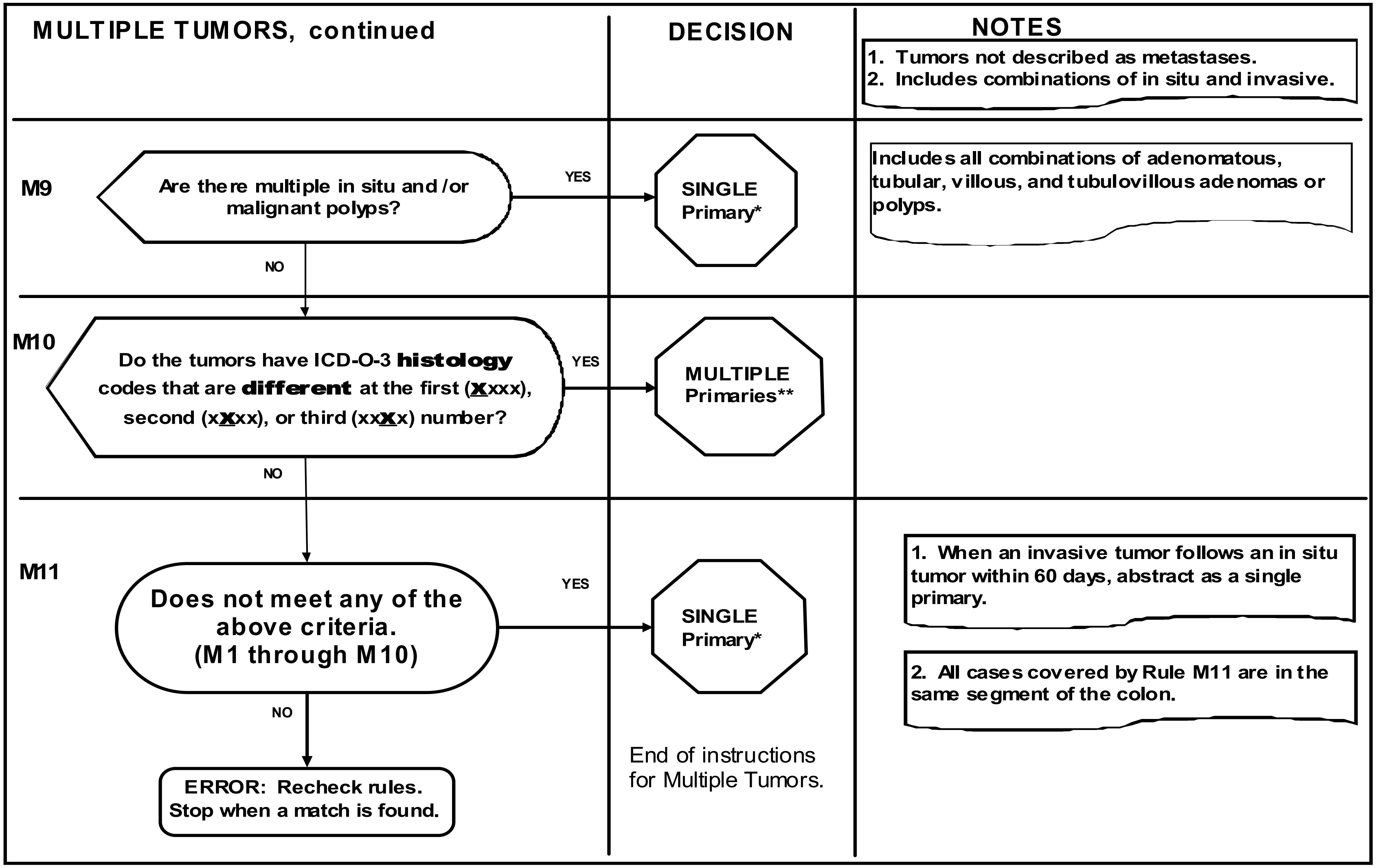
(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS, continued
DECISION
NOTES
M9
Are there multiple in situ and /or malignant polyps?
YES
SINGLE Primary*
NO
M10
Do the tumors have ICD-O-3 histology codes that are different at the first (Xxxx), second (xXxx), or third (xxXx) number?
YES
MULTIPLE Primaries**
NO
M11
Does not meet any of the above criteria. (M1 through M10)
YES
SINGLE Primary*
NO
ERROR: Recheck rules. Stop when a match is found.
End of instructions for Multiple Tumors.

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

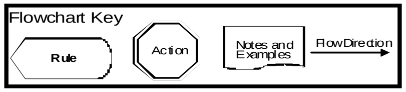
Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.

1. When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

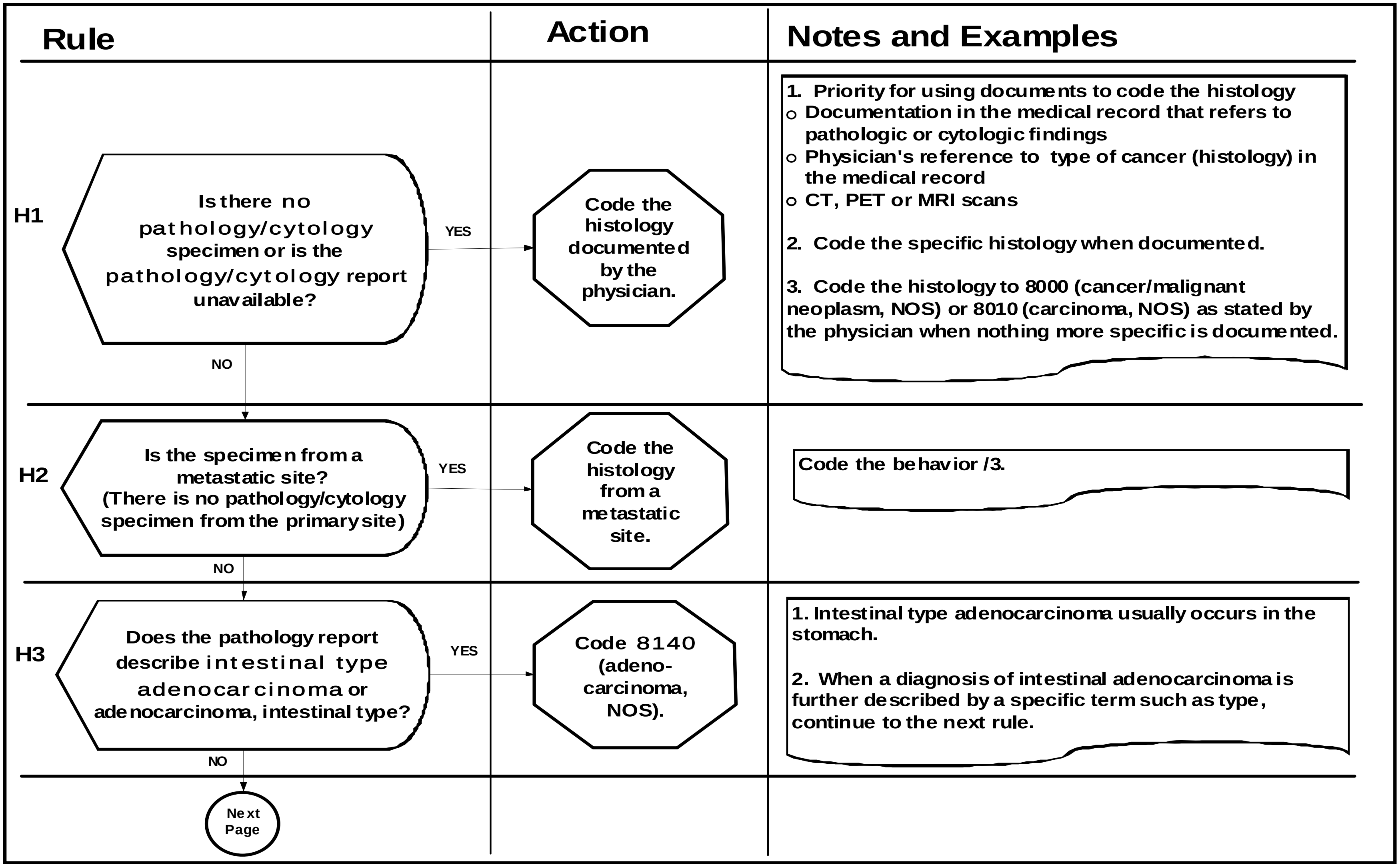
2. All cases covered by Rule M11 are in the same segment of the colon.

Colon Histology Coding Rules - Flowchart

(C180-C189)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



SINGLE TUMOR



H1 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?

YES: Code the histology documented by the physician.

NO

1. Priority for using documents to code the histology
   - o Documentation in the medical record that refers to pathologic or cytologic findings
   - o Physician's reference to type of cancer (histology) in the medical record
   - o CT, PET or MRI scans

2. Code the specific histology when documented.

3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

H2 Is the specimen from a metastatic site? (There is no pathology/cytology specimen from the primary site)

YES: Code the histology from a metastatic site.

NO

Code the behavior /3.

H3 Does the pathology report describe intestinal type adenocarcinoma or adenocarcinoma, intestinal type?

YES: Code 8140 (adeno-carcinoma, NOS).

NO

Next Page

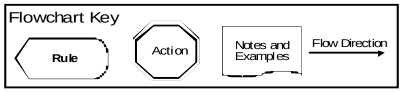
1. Intestinal type adenocarcinoma usually occurs in the stomach.

2. When a diagnosis of intestinal adenocarcinoma is further described by a specific term such as type, continue to the next rule.

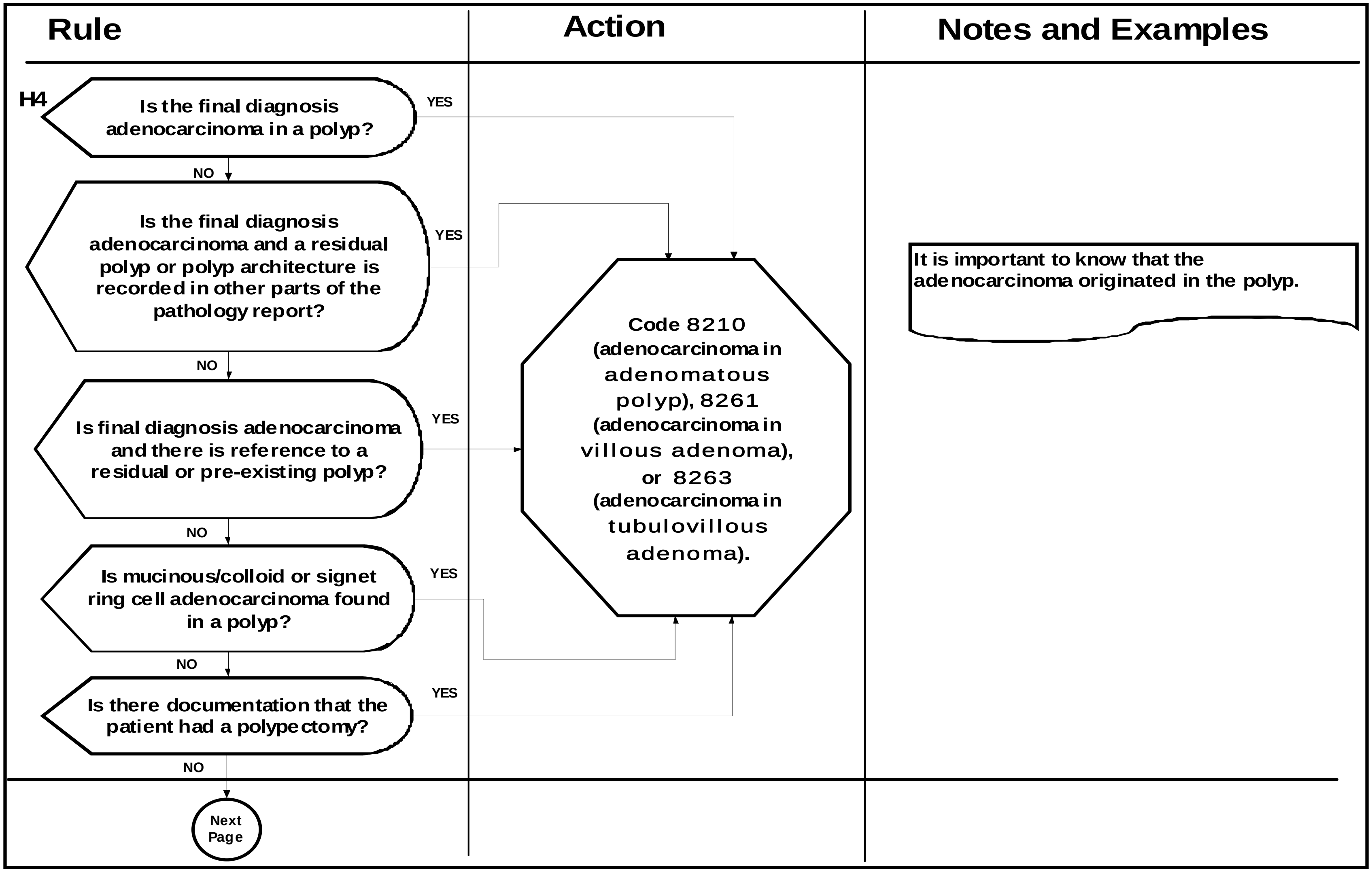
Colon Histology Coding Rules - Flowchart

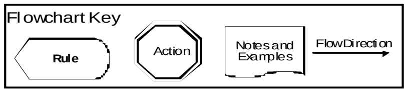
(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

SINGLE TUMOR


Rule
Action
Notes and Examples
H4
Is the final diagnosis adenocarcinoma in a polyp?
YES
NO
Is the final diagnosis adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report?
YES
NO
Is final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp?
YES
NO
Is mucinous/colloid or signet ring cell adenocarcinoma found in a polyp?
YES
NO
Is there documentation that the patient had a polypectomy?
YES
NO
Next Page
Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma).
It is important to know that the adenocarcinoma originated in the polyp.

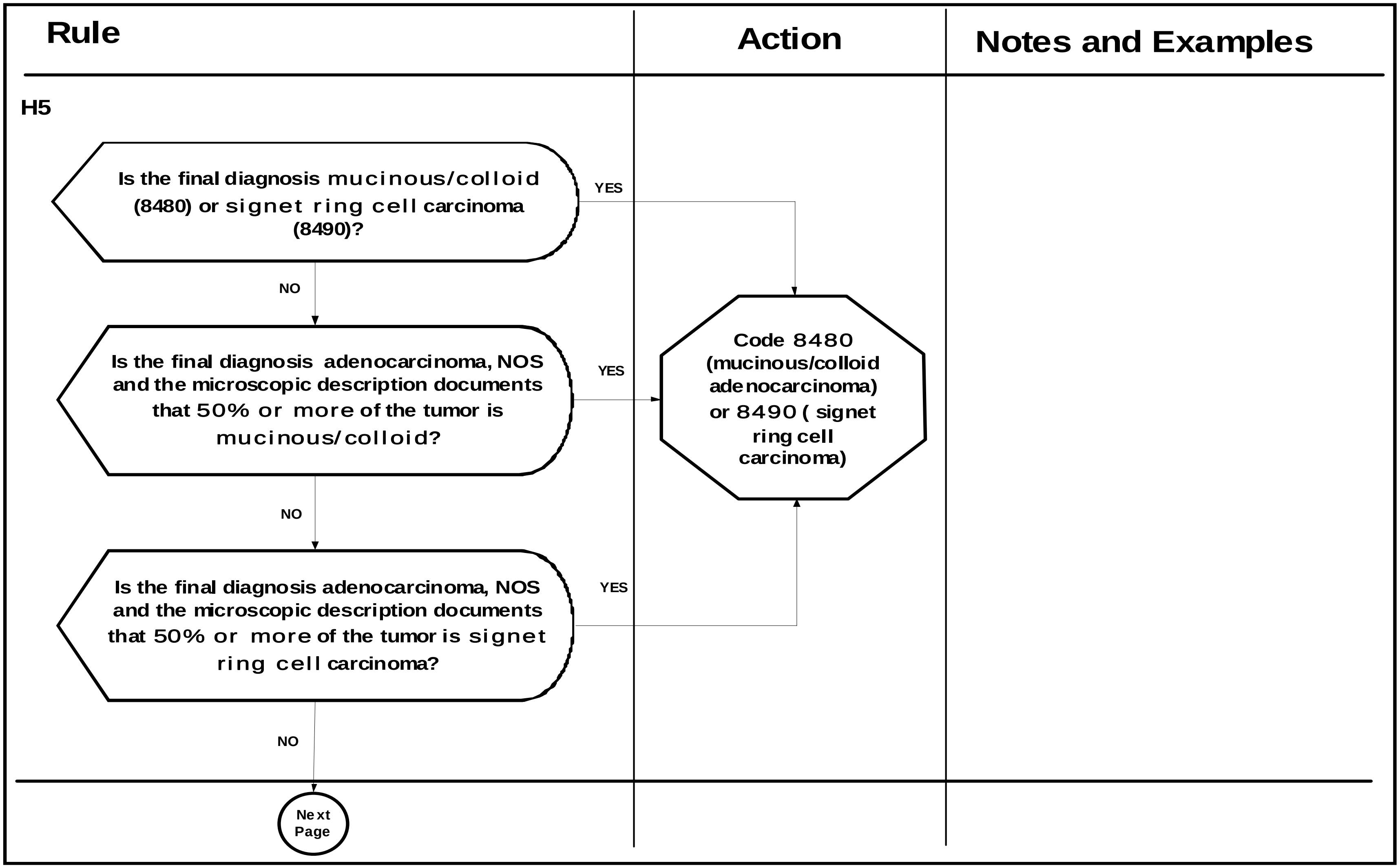

Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

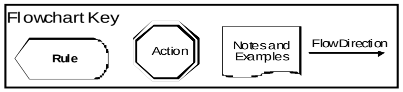

Rule
Action
Notes and Examples
H5
Is the final diagnosis mucinous/colloid (8480) or signet ring cell carcinoma (8490)?
YES
NO
Is the final diagnosis adenocarcinoma, NOS and the microscopic description documents that 50% or more of the tumor is mucinous/colloid?
YES
NO
Is the final diagnosis adenocarcinoma, NOS and the microscopic description documents that 50% or more of the tumor is signet ring cell carcinoma?
YES
NO
Code 8480 (mucinous/colloid adenocarcinoma) or 8490 (signet ring cell carcinoma)
Next Page

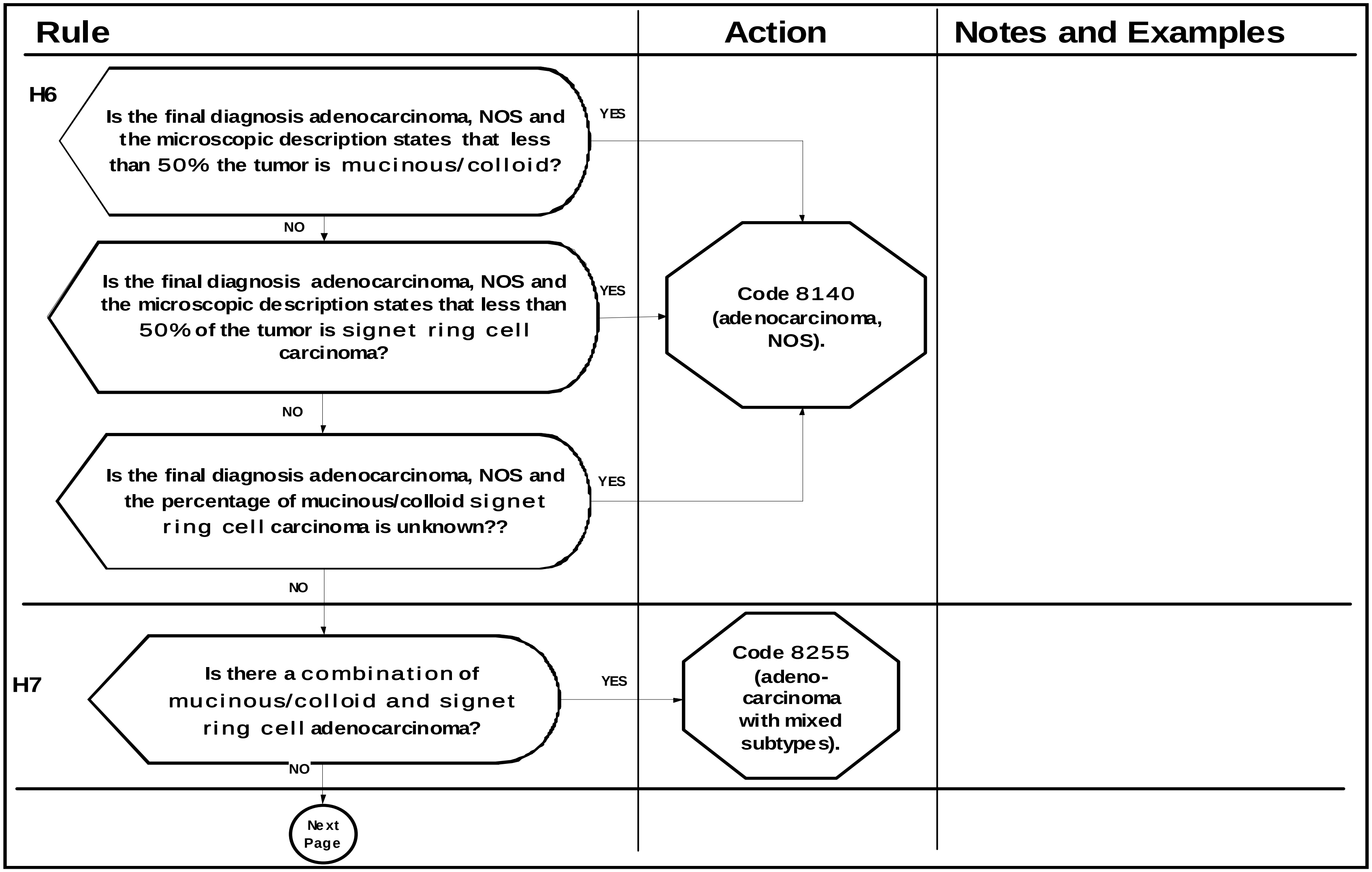
Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

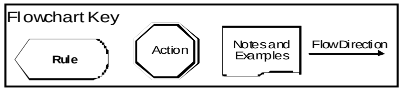

Rule
Action
Notes and Examples
H6
Is the final diagnosis adenocarcinoma, NOS and the microscopic description states that less than 50% the tumor is mucinous/colloid?
YES
NO
Is the final diagnosis adenocarcinoma, NOS and the microscopic description states that less than 50% of the tumor is signet ring cell carcinoma?
YES
NO
Is the final diagnosis adenocarcinoma, NOS and the percentage of mucinous/colloid signet ring cell carcinoma is unknown??
YES
NO
Code 8140 (adenocarcinoma, NOS).
H7
Is there a combination of mucinous/colloid and signet ring cell adenocarcinoma?
YES
NO
Code 8255 (adeno-carcinoma with mixed subtypes).
Next Page

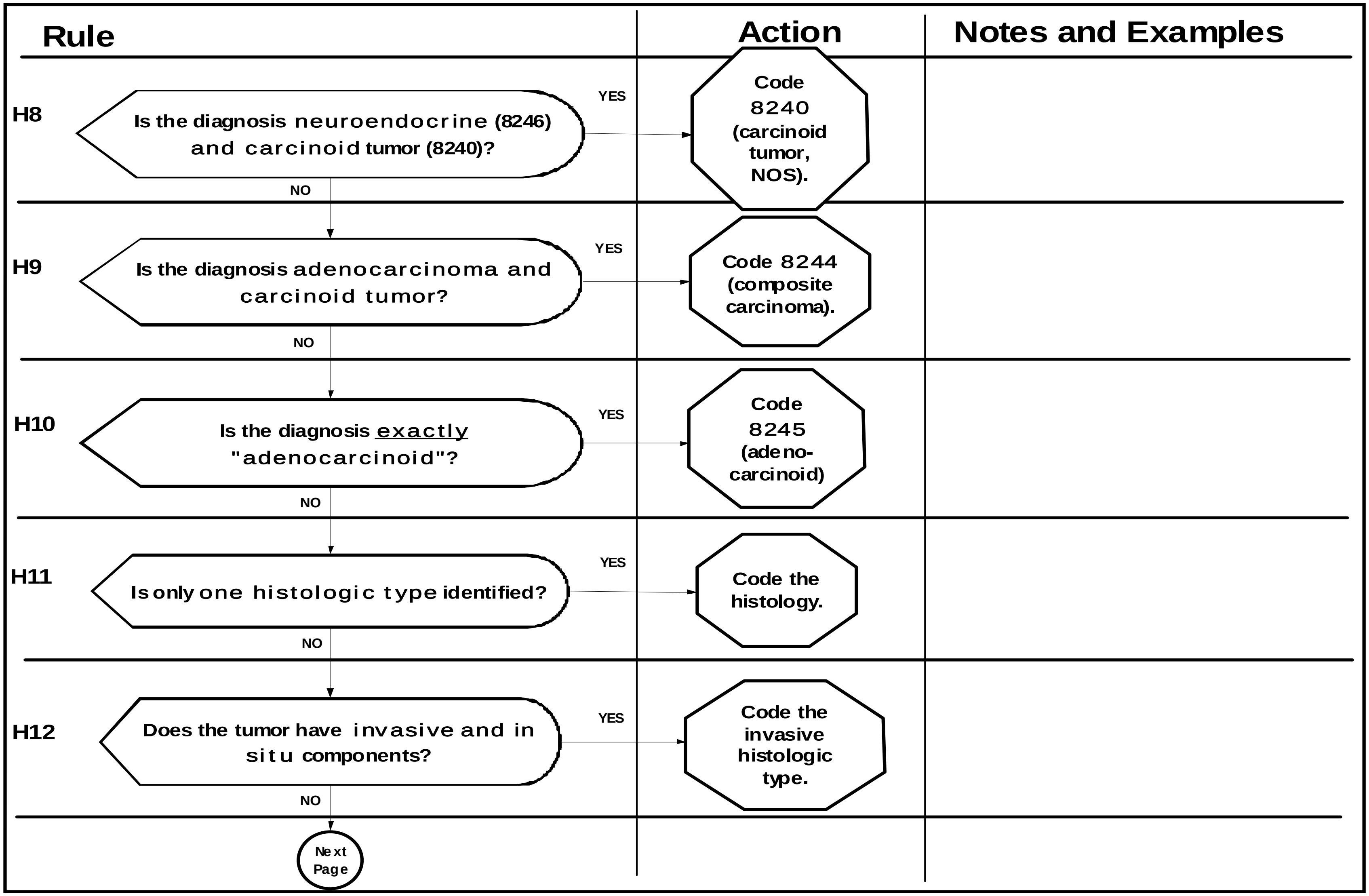
Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

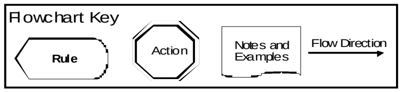

YES
NO
Next Page

Rule	Action	Notes and Examples
H8 Is the diagnosis neuroendocrine (8246) and carcinoid tumor (8240)?	Code 8240 (carcinoid tumor, NOS).	
H9 Is the diagnosis adenocarcinoma and carcinoid tumor?	Code 8244 (composite carcinoma).	
H10 Is the diagnosis exactly "adenocarcinoid"?	Code 8245 (adeno-carcinoid)	
H11 Is only one histologic type identified?	Code the histology.	
H12 Does the tumor have invasive and in situ components?	Code the invasive histologic type.	

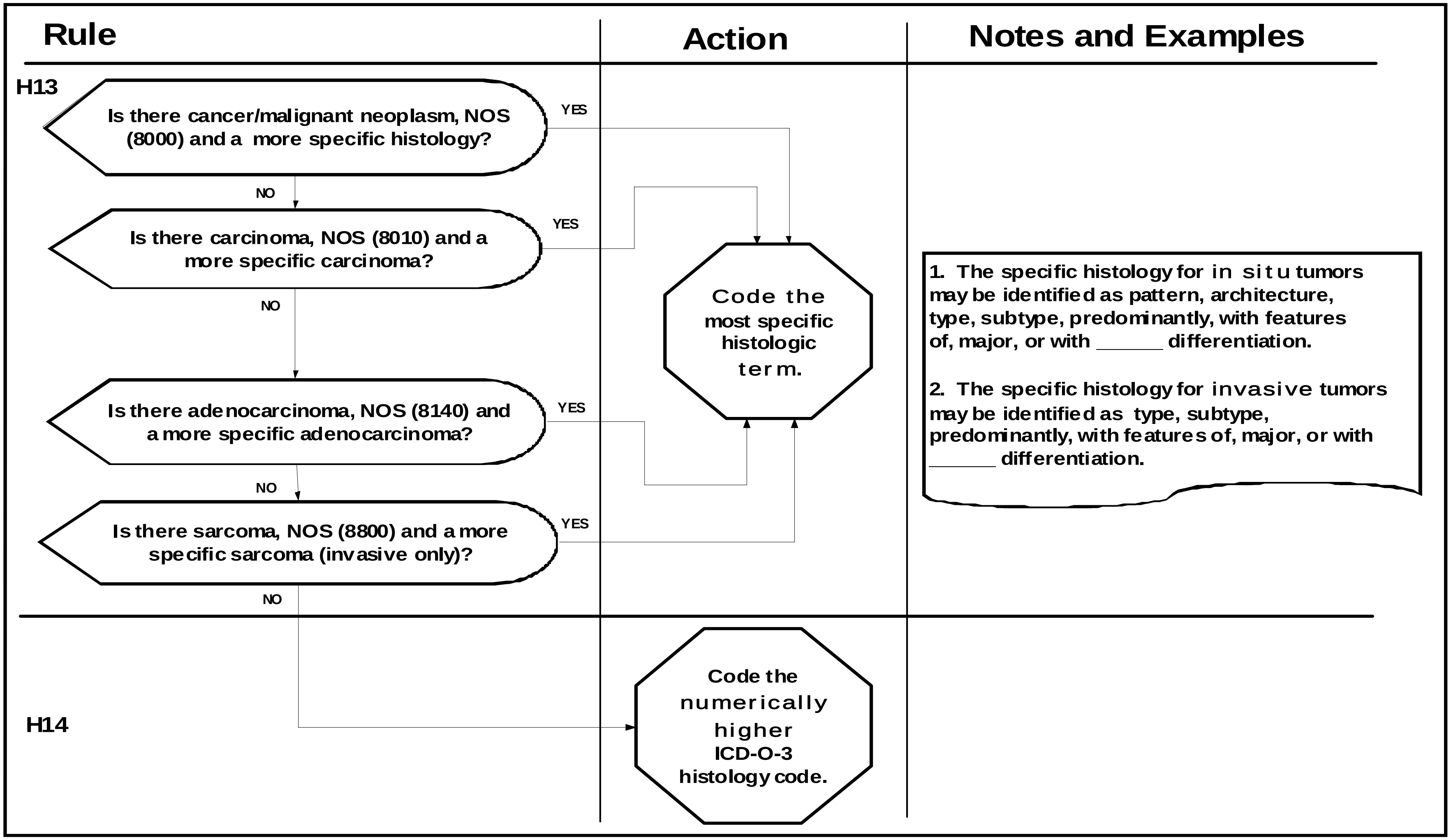
Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

SINGLE TUMOR


Rule
Action
Notes and Examples
H13
Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology?
YES
NO
Is there carcinoma, NOS (8010) and a more specific carcinoma?
YES
NO
Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?
YES
NO
Is there sarcoma, NOS (8800) and a more specific sarcoma (invasive only)?
YES
NO
Code the most specific histologic term.
H14
Code the numerically higher ICD-O-3 histology code.

1. The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ______ differentiation.

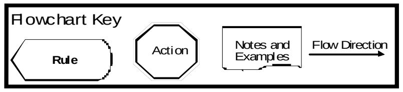
2. The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ______ differentiation.

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

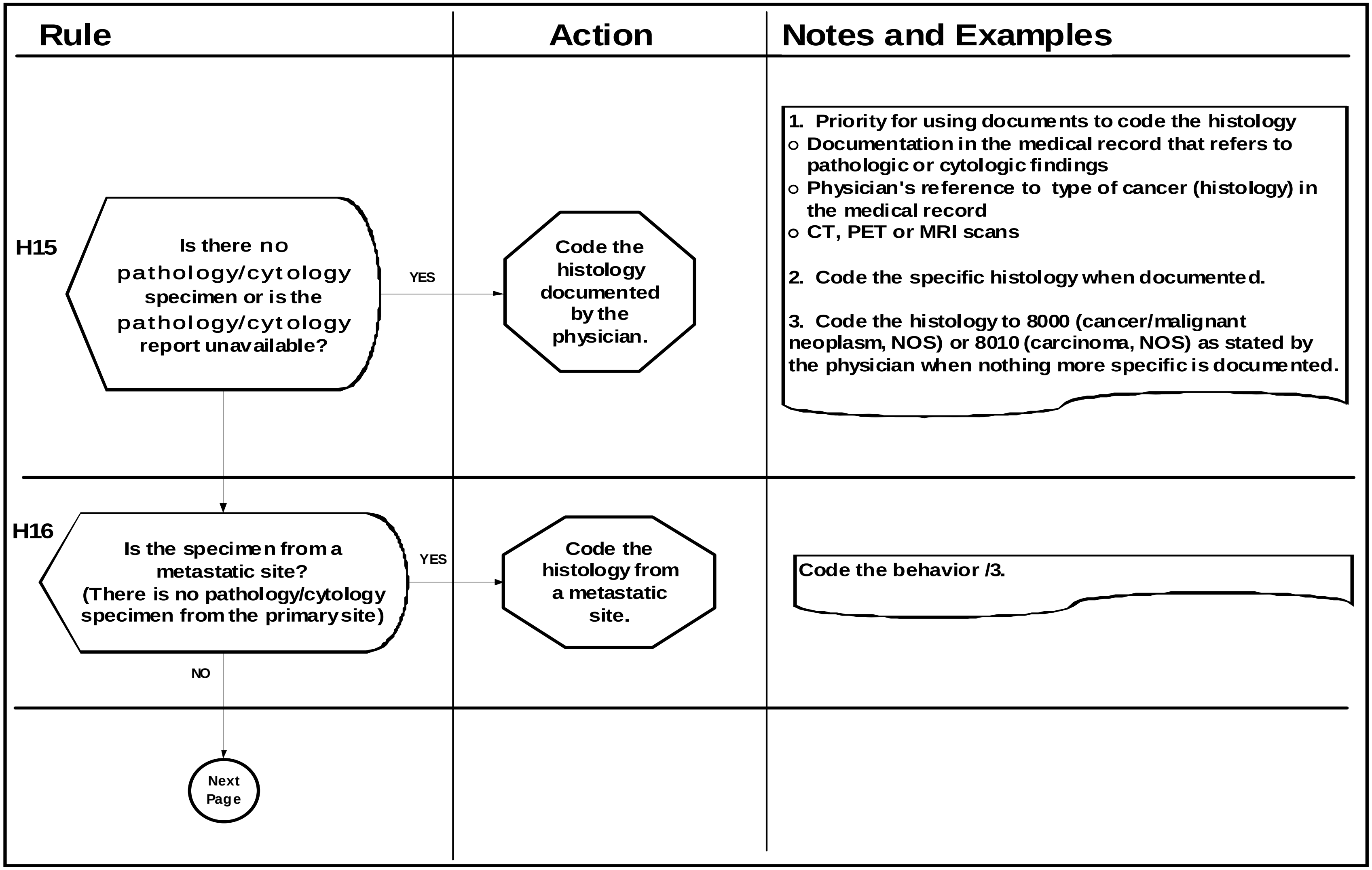
Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY


Rule
Action
Notes and Examples
H15
Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?
YES
Code the histology documented by the physician.
H16
Is the specimen from a metastatic site? (There is no pathology/cytology specimen from the primary site)
YES
Code the histology from a metastatic site.
NO
Next Page

1. Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET or MRI scans

2. Code the specific histology when documented.

3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

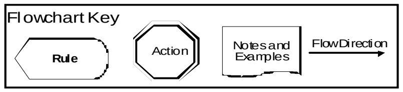
Code the behavior /3.

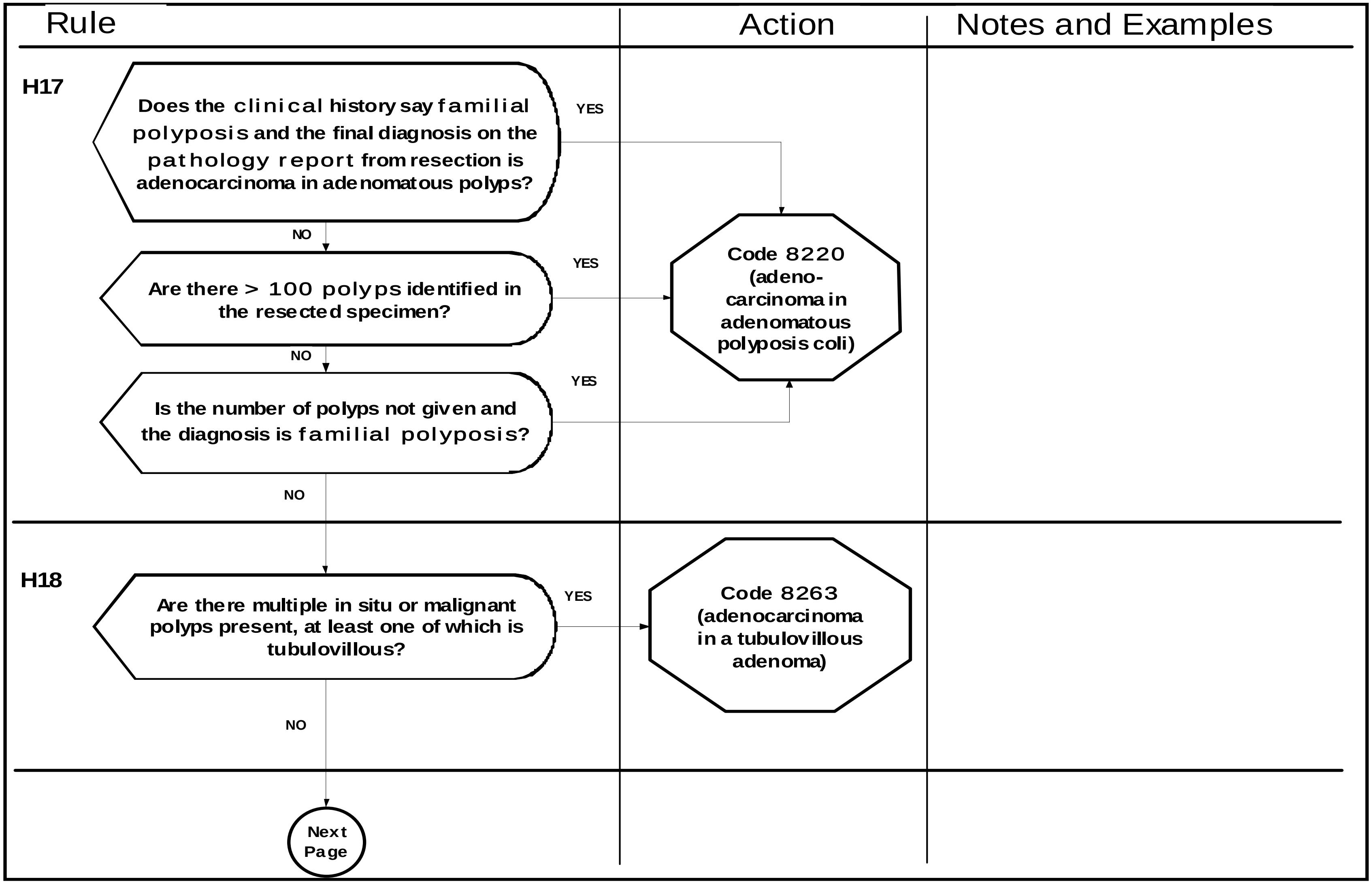
Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction


Rule
Action
Notes and Examples
YES
NO
Next Page

H17

Does the clinical history say familial polyposis and the final diagnosis on the pathology report from resection is adenocarcinoma in adenomatous polyps?

YES → Code 8220 (adenocarcinoma in adenomatous polyposis coli)

NO ↓

Are there > 100 polyps identified in the resected specimen?

YES → Code 8220 (adenocarcinoma in adenomatous polyposis coli)

NO ↓

Is the number of polyps not given and the diagnosis is familial polyposis?

YES → Code 8220 (adenocarcinoma in adenomatous polyposis coli)

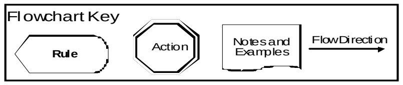
NO ↓

H18

Are there multiple in situ or malignant polyps present, at least one of which is tubulovillous?

YES → Code 8263 (adenocarcinoma in a tubulovillous adenoma)

NO → Next Page

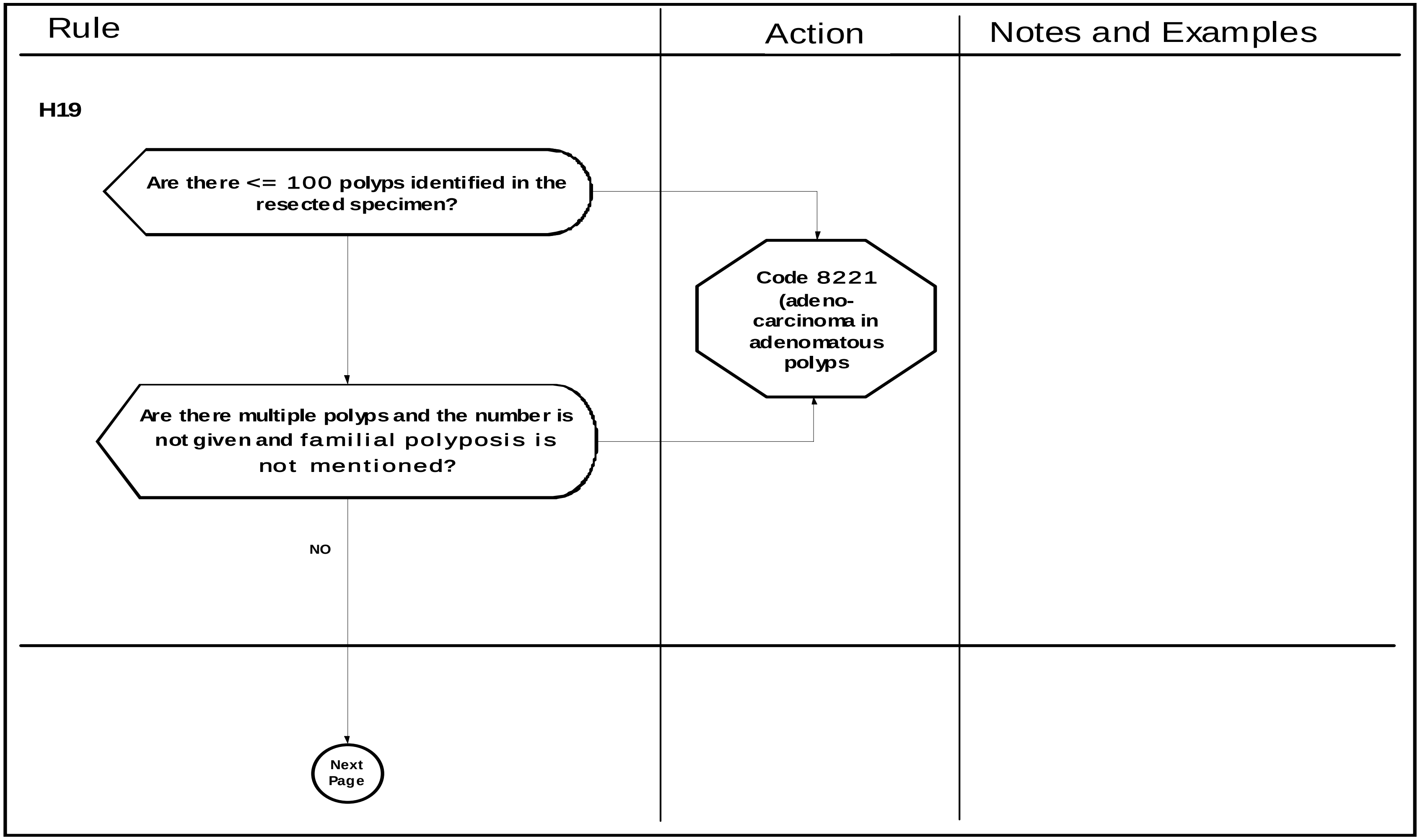

Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

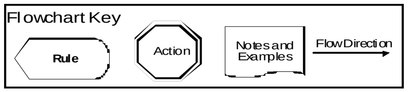

Rule
Action
Notes and Examples
H19
Are there <= 100 polyps identified in the resected specimen?
Code 8221 (adeno-carcinoma in adenomatous polyps
Are there multiple polyps and the number is not given and familial polyposis is not mentioned?
NO
Next Page

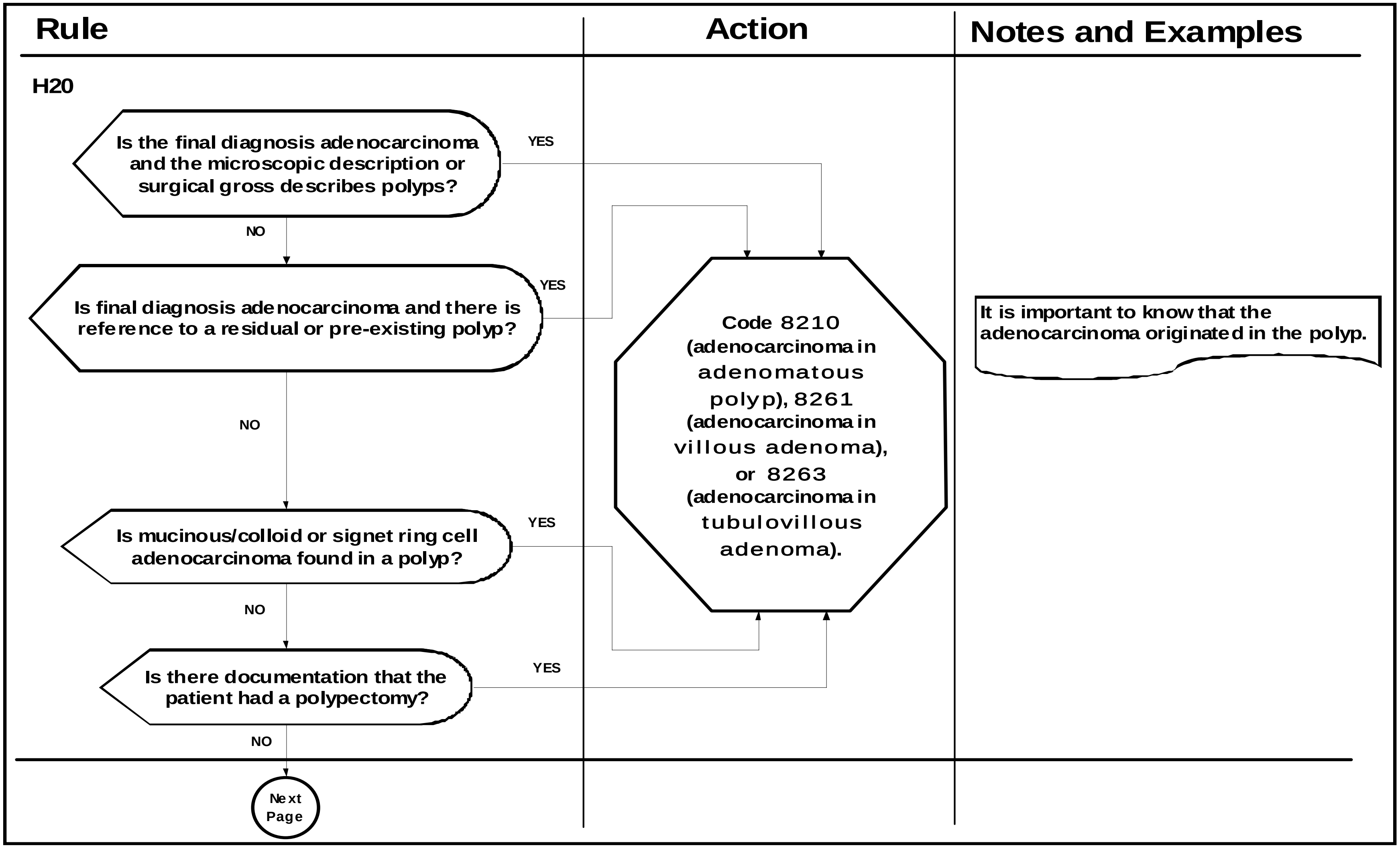
Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

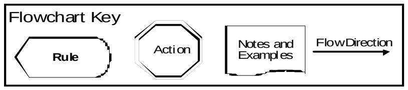

Rule
Action
Notes and Examples
H20
Is the final diagnosis adenocarcinoma and the microscopic description or surgical gross describes polyps?
YES
NO
Is final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp?
YES
NO
Is mucinous/colloid or signet ring cell adenocarcinoma found in a polyp?
YES
NO
Is there documentation that the patient had a polypectomy?
YES
NO
Next Page
Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma).
It is important to know that the adenocarcinoma originated in the polyp.

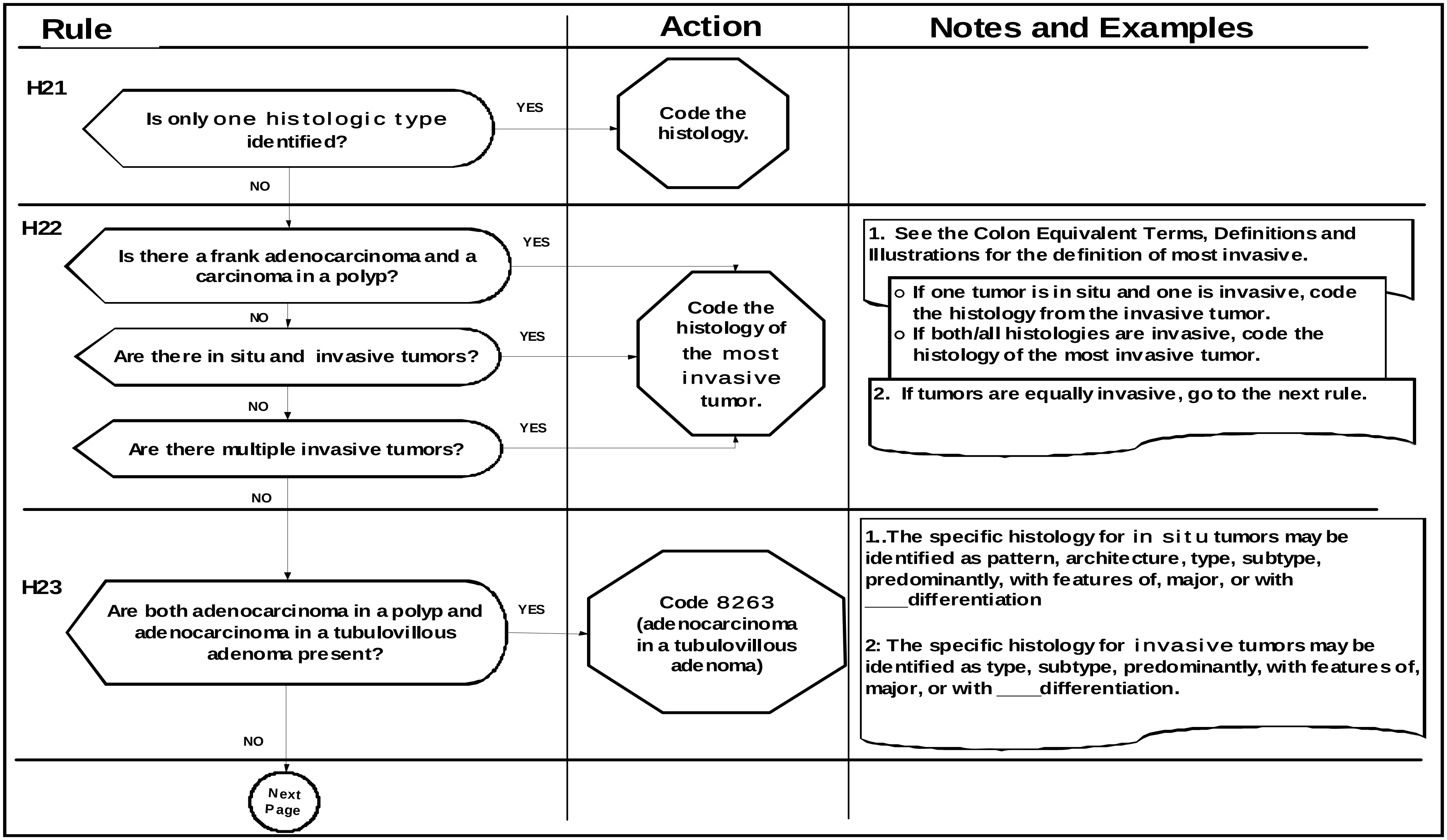
Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY





H21

Is only one histologic type identified?

YES: Code the histology.

NO

H22

Is there a frank adenocarcinoma and a carcinoma in a polyp?

Are there in situ and invasive tumors?

Are there multiple invasive tumors?

YES: Code the histology of the most invasive tumor.

NO

1. See the Colon Equivalent Terms, Definitions and Illustrations for the definition of most invasive.
   - If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
   - If both/all histologies are invasive, code the histology of the most invasive tumor.
2. If tumors are equally invasive, go to the next rule.

H23

Are both adenocarcinoma in a polyp and adenocarcinoma in a tubulovillous adenoma present?

YES: Code 8263 (adenocarcinoma in a tubulovillous adenoma)

NO

Next Page

1.The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation

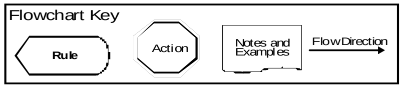
2: The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.

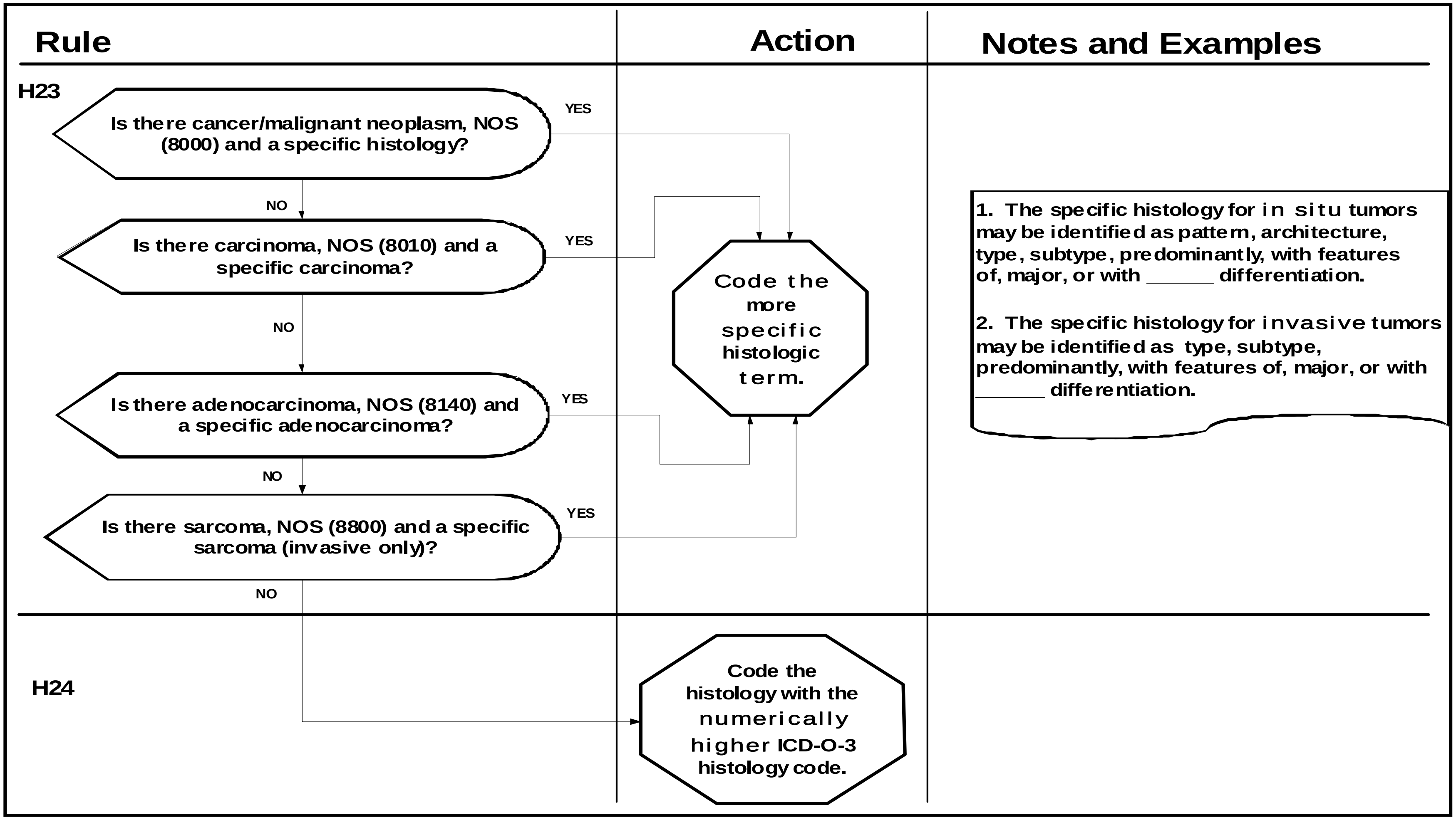
Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction


Rule
Action
Notes and Examples
H23
Is there cancer/malignant neoplasm, NOS (8000) and a specific histology?
YES
NO
Is there carcinoma, NOS (8010) and a specific carcinoma?
YES
NO
Is there adenocarcinoma, NOS (8140) and a specific adenocarcinoma?
YES
NO
Is there sarcoma, NOS (8800) and a specific sarcoma (invasive only)?
YES
NO
Code the more specific histologic term.
H24
Code the histology with the numerically higher ICD-O-3 histology code.

1. The specific histology for *in situ* tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ______ differentiation.

2. The specific histology for *invasive* tumors may be identified as type, subtype, predominantly, with features of, major, or with ______ differentiation.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

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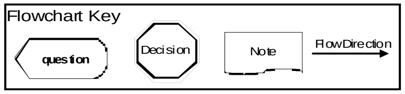
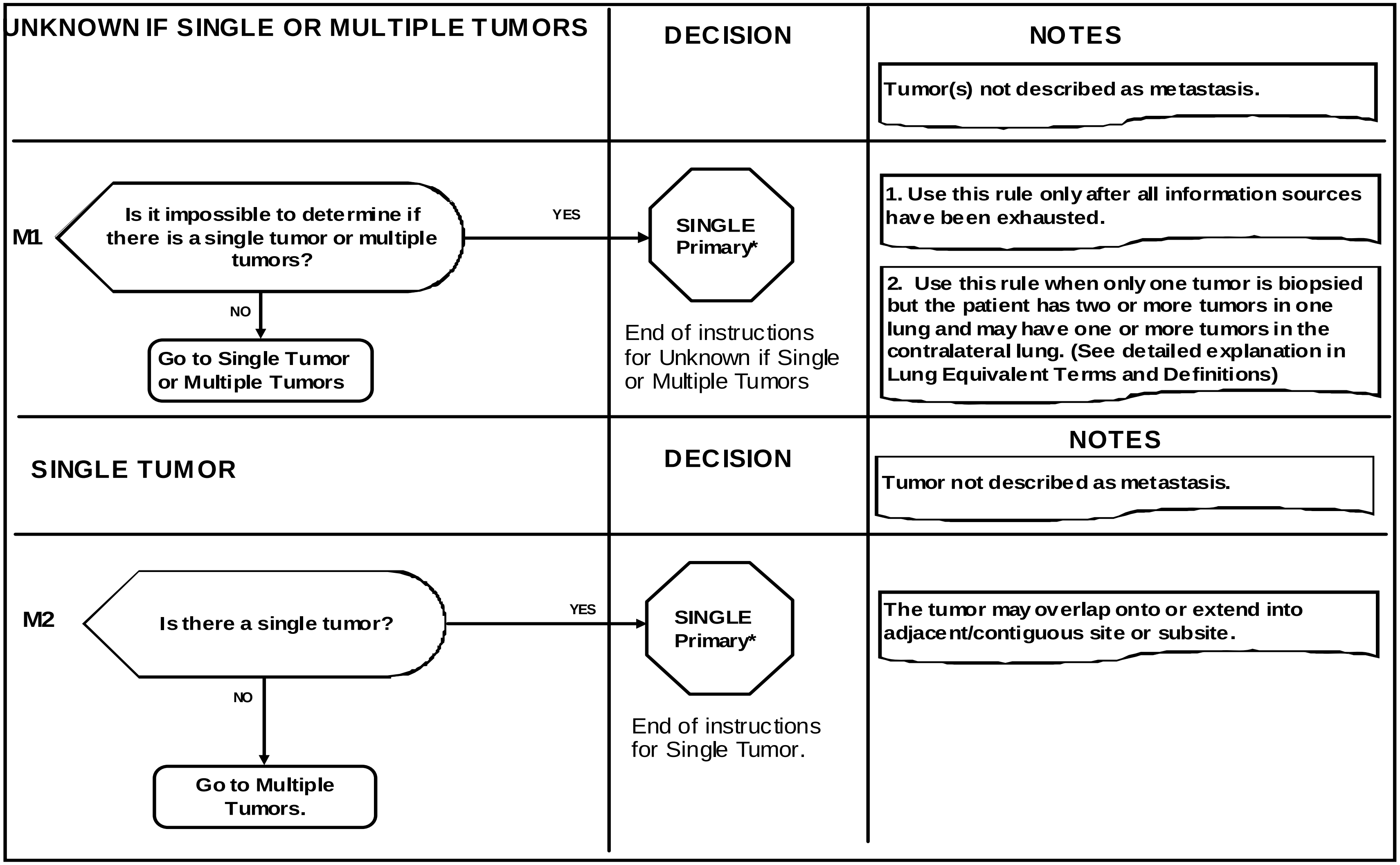
Lung Multiple Primary Rules

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



UNKNOWN IF SINGLE OR MULTIPLE TUMORS

DECISION

NOTES

Tumor(s) not described as metastasis.

M1 Is it impossible to determine if there is a single tumor or multiple tumors?

YES → **SINGLE Primary***

End of instructions for Unknown if Single or Multiple Tumors

NO → **Go to Single Tumor or Multiple Tumors**

1. Use this rule only after all information sources have been exhausted.

2. Use this rule when only one tumor is biopsied but the patient has two or more tumors in one lung and may have one or more tumors in the contralateral lung. (See detailed explanation in Lung Equivalent Terms and Definitions)

SINGLE TUMOR

DECISION

NOTES

Tumor not described as metastasis.

M2 Is there a single tumor?

YES → **SINGLE Primary***

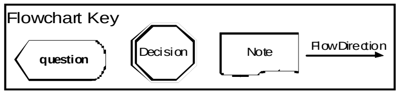
End of instructions for Single Tumor.

NO → **Go to Multiple Tumors.**

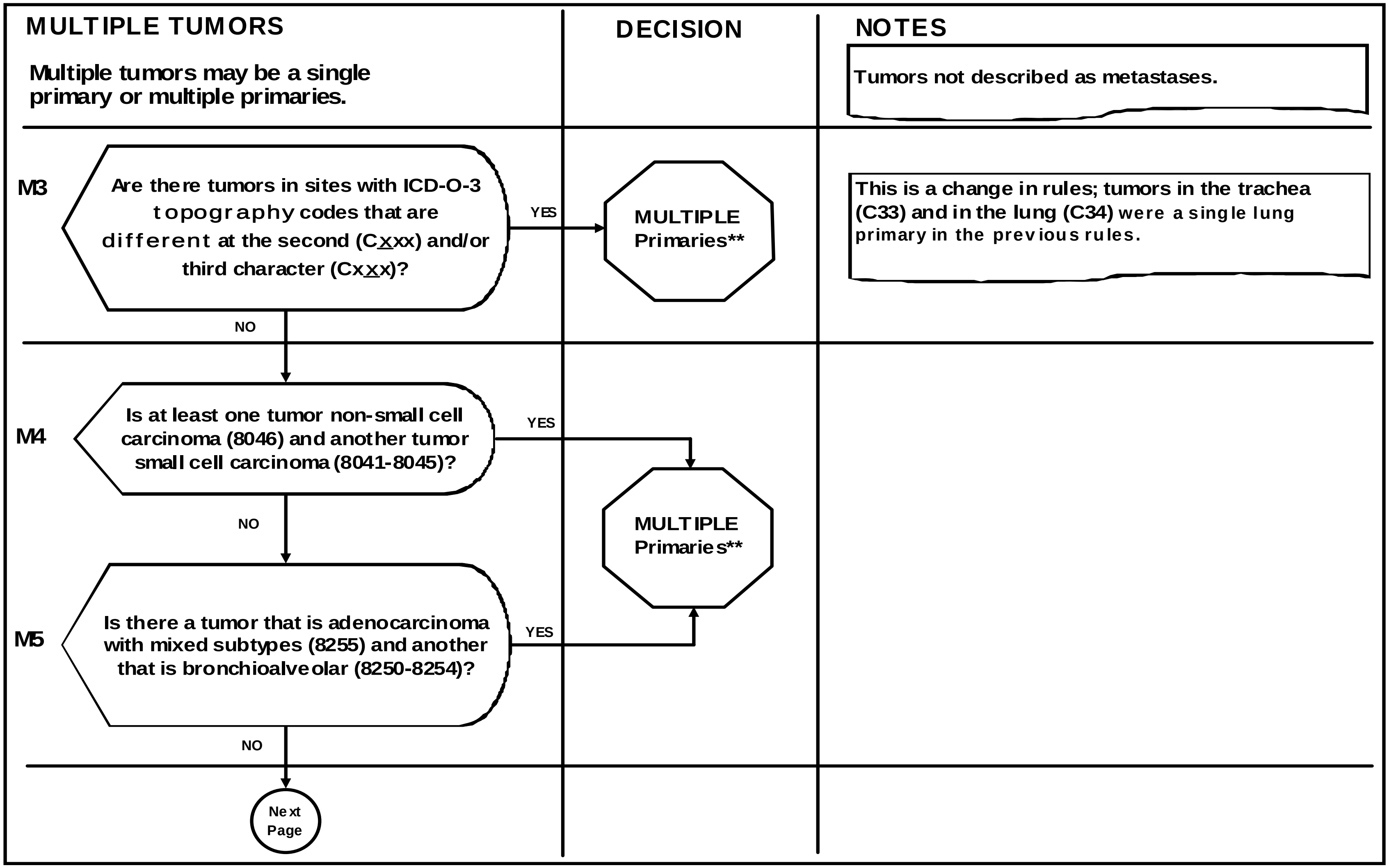
The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

Lung Multiple Primary Rules

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

*   Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS
DECISION
NOTES
M3
YES
NO
MULTIPLE Primaries**
M4
YES
NO
MULTIPLE Primaries**
M5
YES
NO
Next Page

Multiple tumors may be a single primary or multiple primaries.

Tumors not described as metastases.

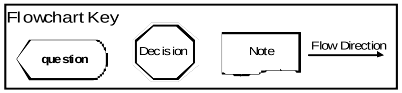
M3: Are there tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third character (Cxxx)?

This is a change in rules; tumors in the trachea (C33) and in the lung (C34) were a single lung primary in the previous rules.

M4: Is at least one tumor non-small cell carcinoma (8046) and another tumor small cell carcinoma (8041-8045)?

M5: Is there a tumor that is adenocarcinoma with mixed subtypes (8255) and another that is bronchioalveolar (8250-8254)?

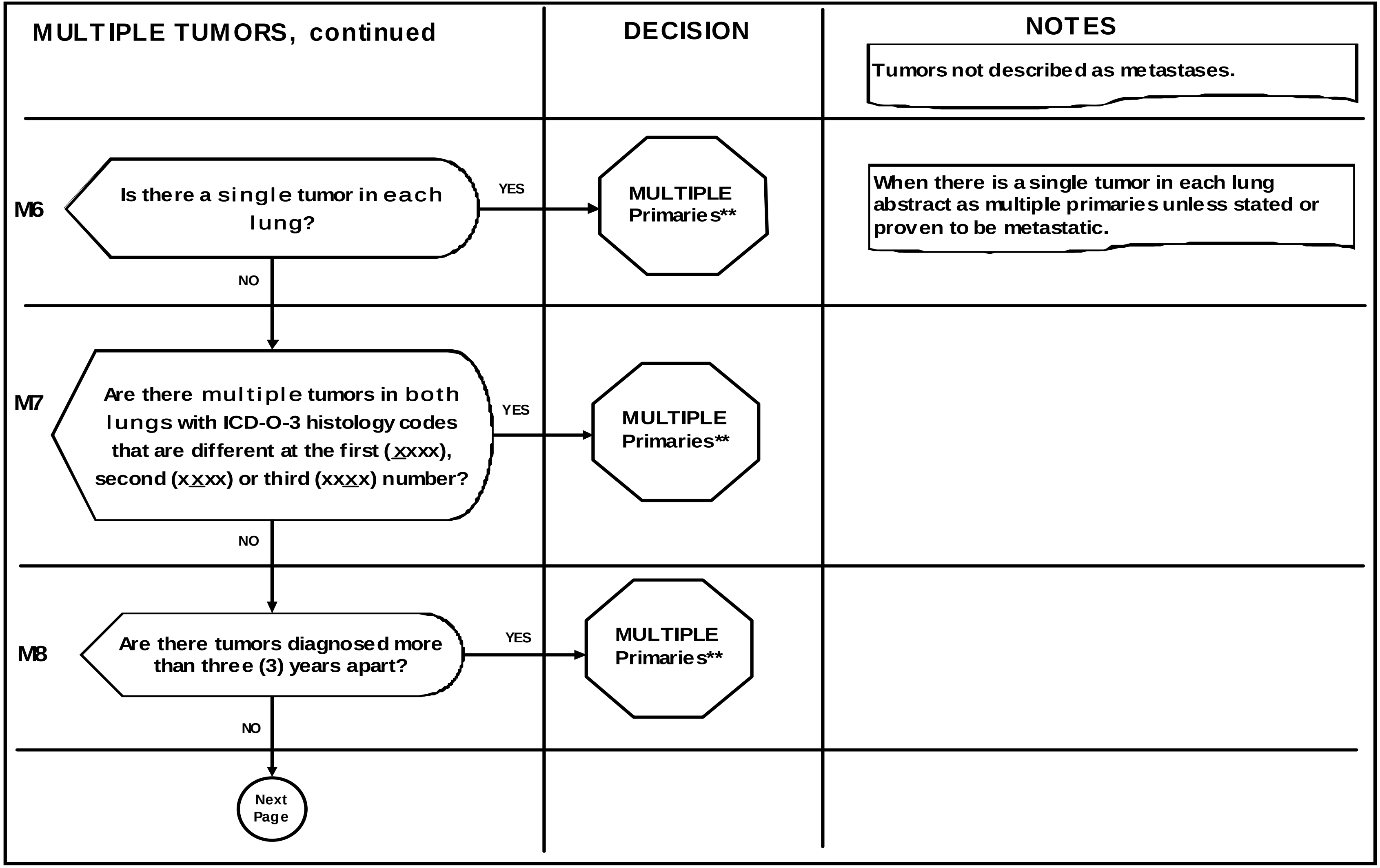
Lung Multiple Primary Rules


Flowchart Key
question
Decision
Note
Flow Direction

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS, continued
DECISION
NOTES
M6
YES
NO
M7
YES
NO
M8
YES
NO
MULTIPLE Primaries**
MULTIPLE Primaries**
MULTIPLE Primaries**
Next Page

Tumors not described as metastases.

M6 Is there a single tumor in each lung?

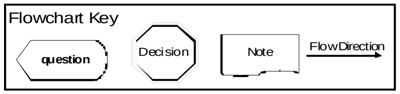
When there is a single tumor in each lung abstract as multiple primaries unless stated or proven to be metastatic.

M7 Are there multiple tumors in both lungs with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number?

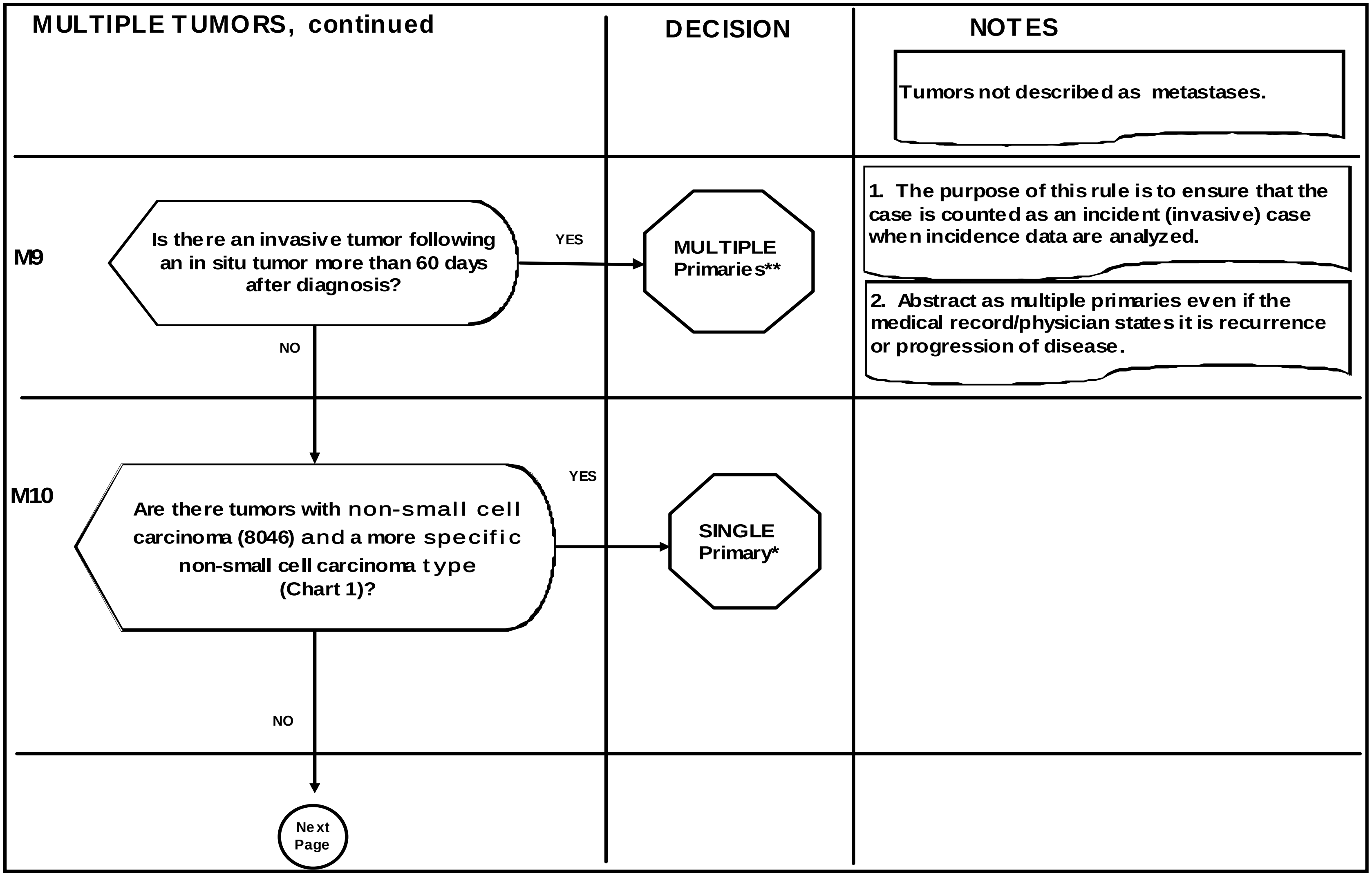
M8 Are there tumors diagnosed more than three (3) years apart?

Lung Multiple Primary Rules

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS, continued
DECISION
NOTES
M9
YES
NO
MULTIPLE Primaries**
M10
YES
NO
SINGLE Primary*
Next Page

Tumors not described as metastases.

M9 Is there an invasive tumor following an in situ tumor more than 60 days after diagnosis?

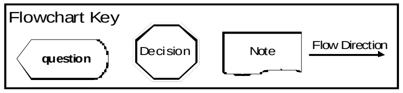
1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.

2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

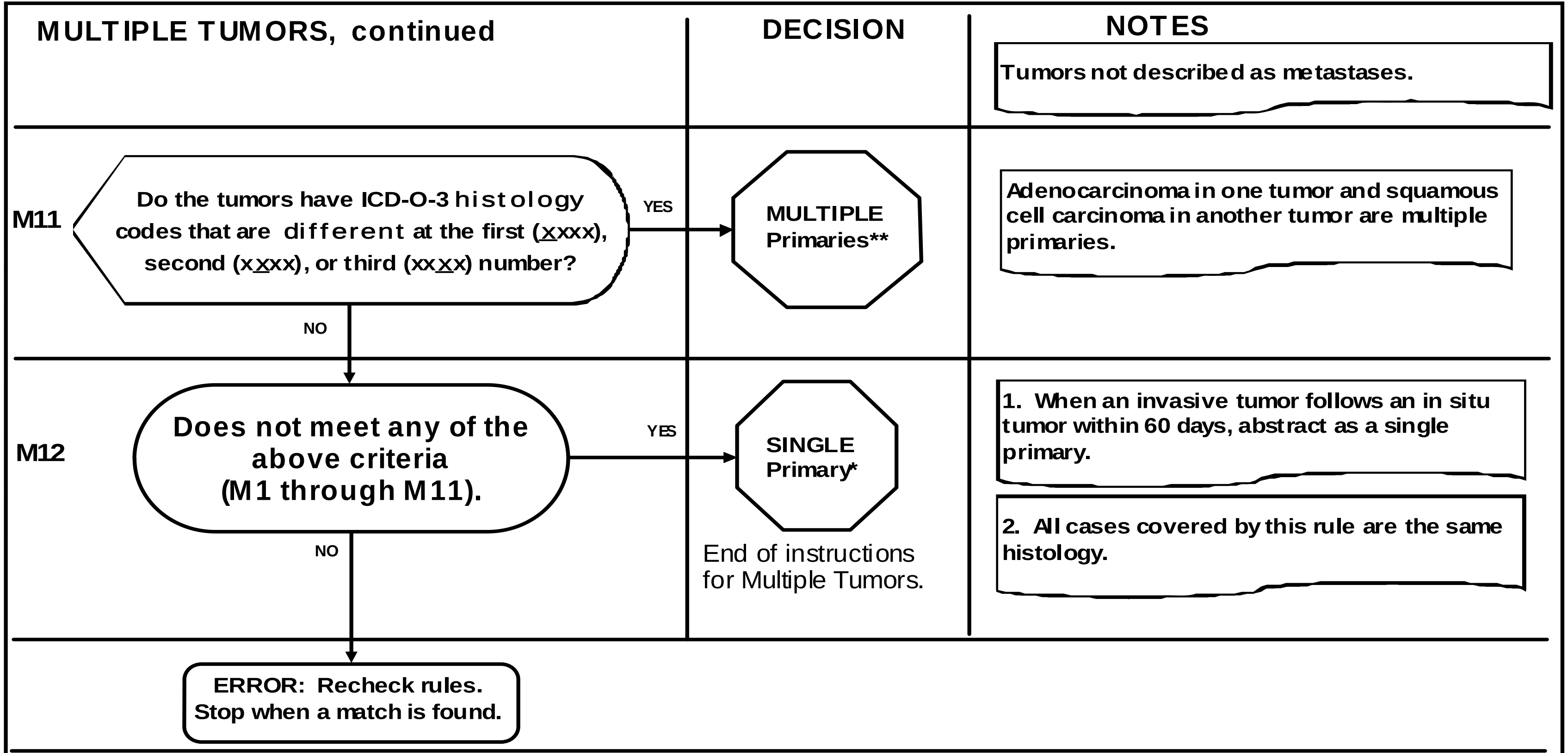
M10 Are there tumors with non-small cell carcinoma (8046) and a more specific non-small cell carcinoma type (Chart 1)?

Lung Multiple Primary Rules

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS, continued
DECISION
NOTES
M11
Do the tumors have ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx), or third (xxxx) number?
YES
MULTIPLE Primaries**
NO
M12
Does not meet any of the above criteria (M1 through M11).
YES
SINGLE Primary*
NO
ERROR: Recheck rules. Stop when a match is found.

Tumors not described as metastases.

Adenocarcinoma in one tumor and squamous cell carcinoma in another tumor are multiple primaries.

End of instructions for Multiple Tumors.

1. When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

2. All cases covered by this rule are the same histology.

Rule M12 Examples: The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.
Warning: **Using only these case examples to determine the number of primaries can result in major errors.**

Example 1. Solitary tumor in one lung, multiple tumors in contralateral lung	Example 2. Diffuse bilateral nodules (This is the only condition when laterality = 4)	Example 3. An in situ and invasive tumor diagnosed within 60 days
Example 4. Multiple tumors in left lung metastatic from right lung	Example 5. Multiple tumors in one lung	Example 6: Multiple tumors in both lungs

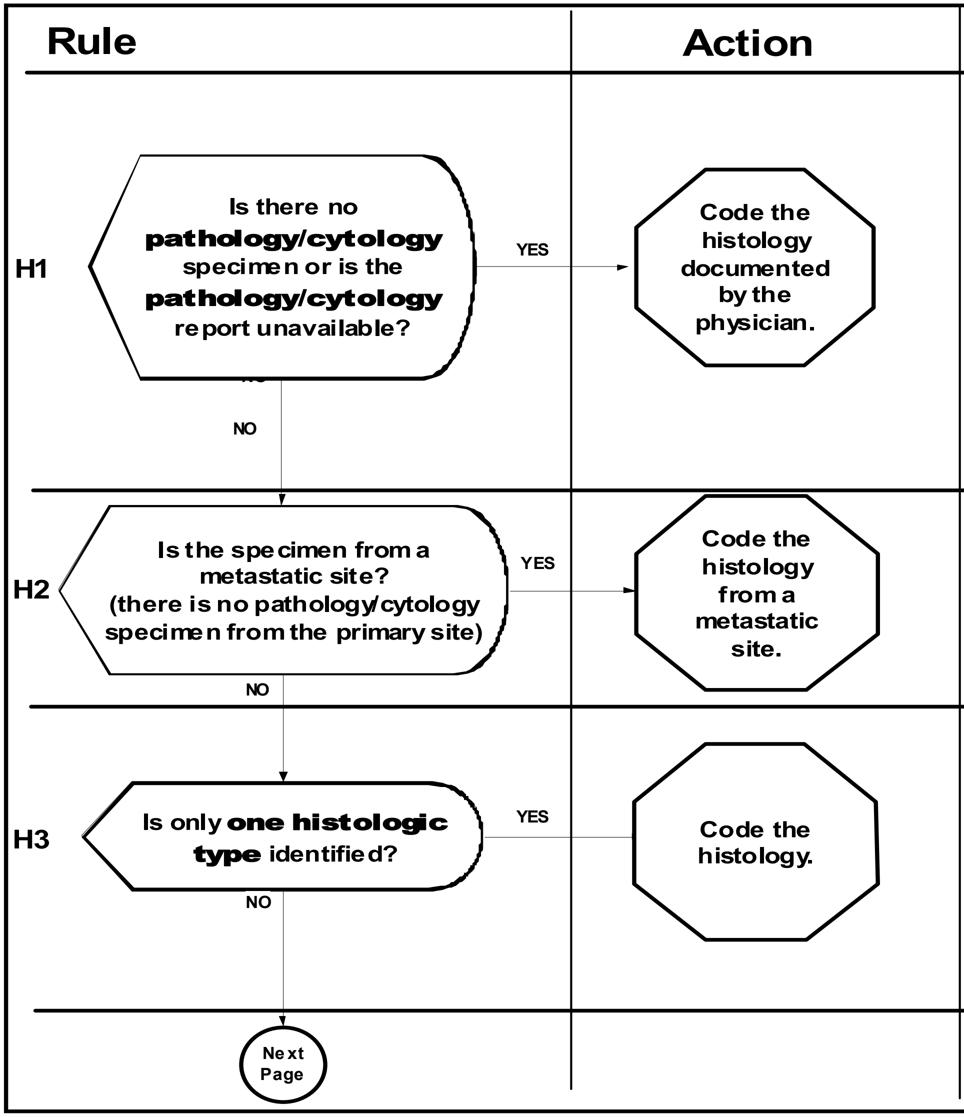
LUNG Histology Coding Rules

(C340 - C349)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

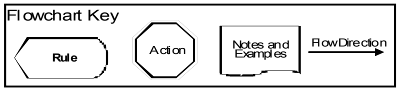
Flowchart Key: Rule | Action | Notes and Examples | Flow Direction →



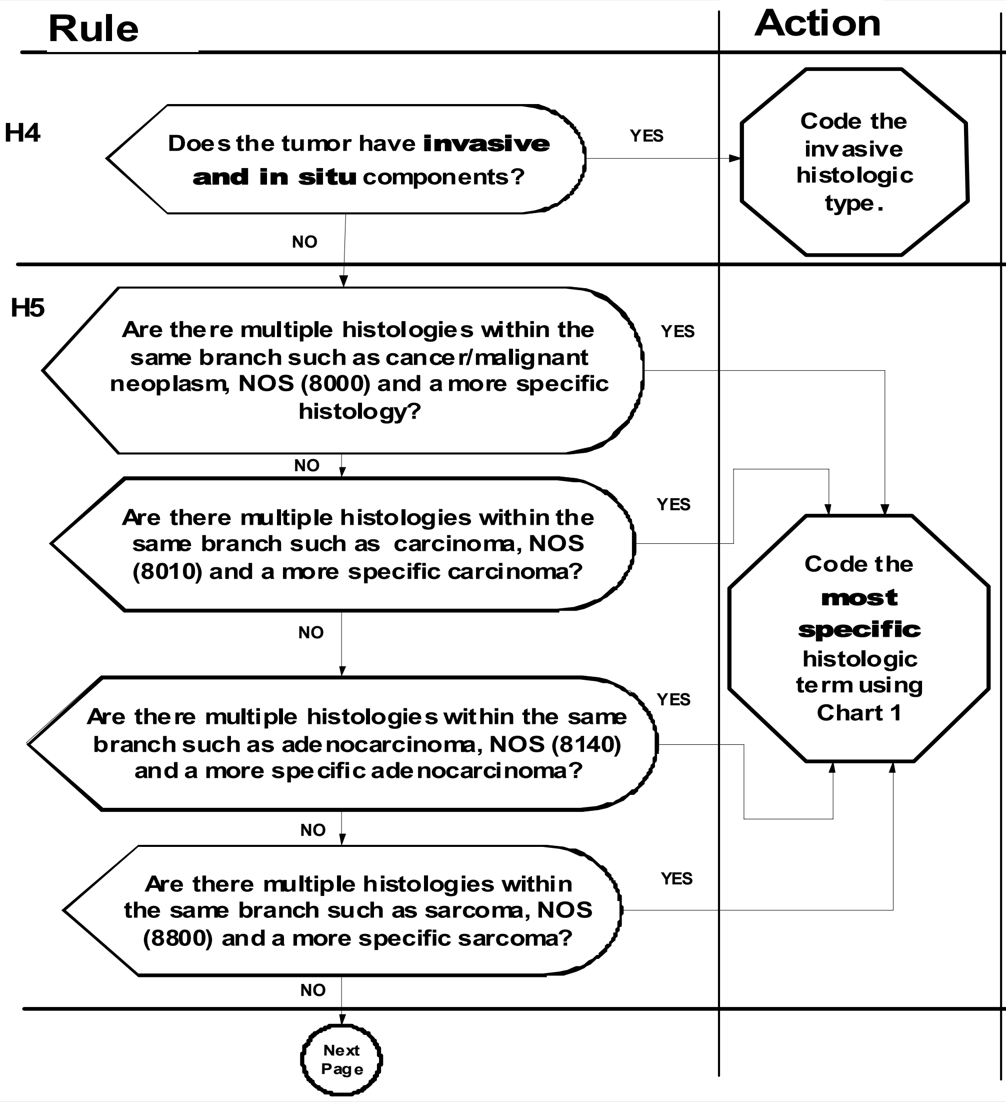
	Rule	Action	Notes and Examples
H1	Is there no **pathology/cytology** specimen or is the **pathology/cytology** report unavailable?	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT, PET, or MRI scans o Chest x-rays 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
H2	Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)	Code the histology from a metastatic site.	Code the behavior /3.
H3	Is only **one histologic type** identified?	Code the histology.	Do not code terms that do not appear in the histology description. ***Example 1:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis. ***Example 2:*** Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.

LUNG Histology Coding Rules

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

SINGLE TUMOR

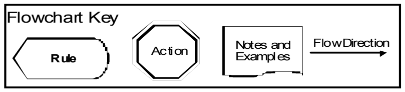

Rule
Action
H4
Does the tumor have **invasive and in situ** components?
YES
Code the invasive histologic type.
NO
H5
Are there multiple histologies within the same branch such as cancer/malignant neoplasm, NOS (8000) and a more specific histology?
YES
NO
Are there multiple histologies within the same branch such as carcinoma, NOS (8010) and a more specific carcinoma?
YES
NO
Are there multiple histologies within the same branch such as adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?
YES
NO
Are there multiple histologies within the same branch such as sarcoma, NOS (8800) and a more specific sarcoma?
YES
Code the **most specific** histologic term using Chart 1
NO
Next Page

Notes and Examples

The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.
The specific histology may also be identified as follows: adenocarcinoma, clear cell or clear cell adenocarcinoma.

Example 1: **Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.**

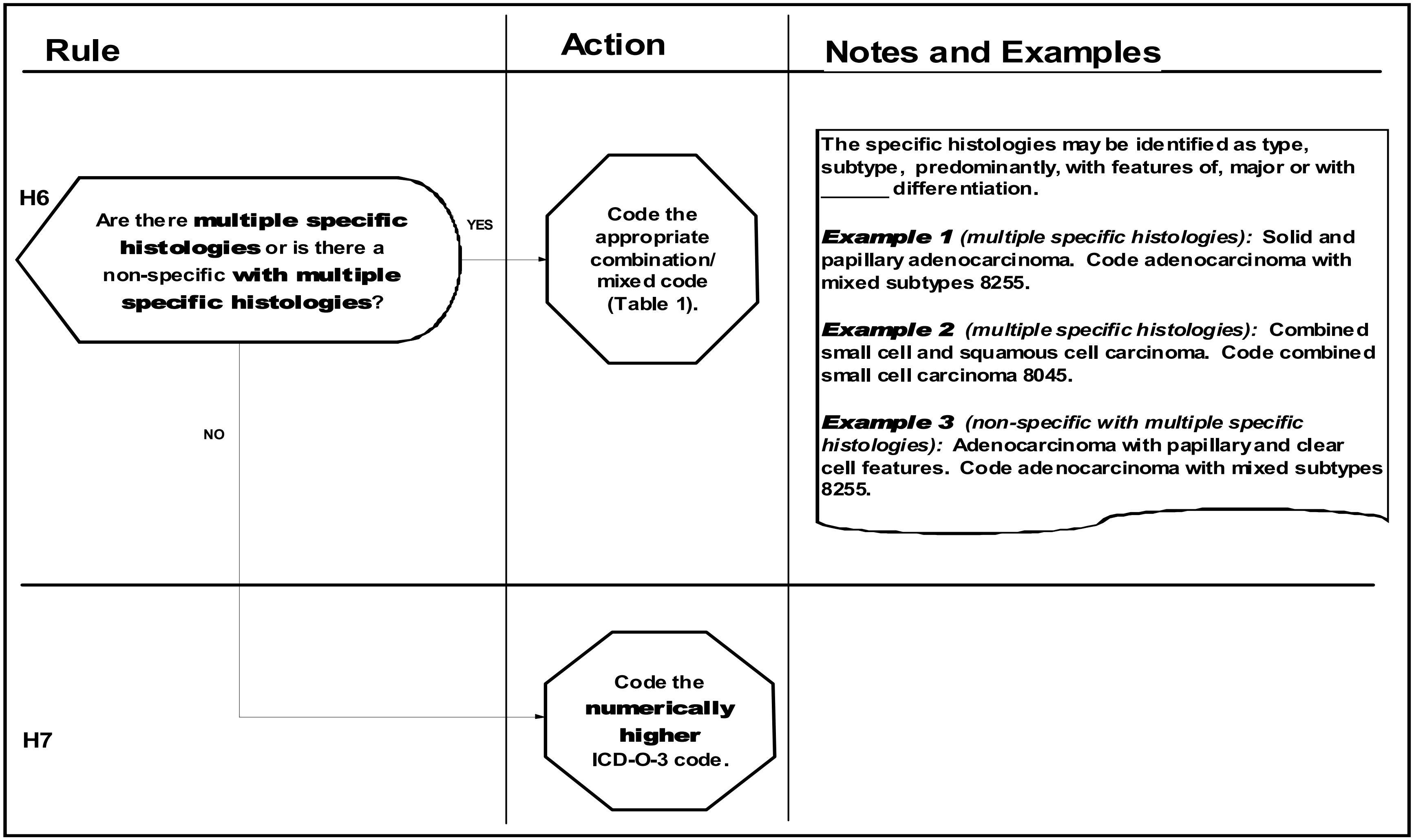
Example 2: **Non-small cell carcinoma, papillary squaumous cell. Code papillary squamous cell carcinoma 8052.**



LUNG Histology Coding Rules

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR



H6

Are there **multiple specific histologies** or is there a non-specific **with multiple specific histologies**?

Code the appropriate combination/ mixed code (Table 1).

The specific histologies may be identified as type, subtype, predominantly, with features of, major or with ______ differentiation.

Example 1 *(multiple specific histologies):* Solid and papillary adenocarcinoma. Code adenocarcinoma with mixed subtypes 8255.

Example 2 *(multiple specific histologies):* Combined small cell and squamous cell carcinoma. Code combined small cell carcinoma 8045.

Example 3 *(non-specific with multiple specific histologies):* Adenocarcinoma with papillary and clear cell features. Code adenocarcinoma with mixed subtypes 8255.

H7

Code the **numerically higher** ICD-O-3 code.

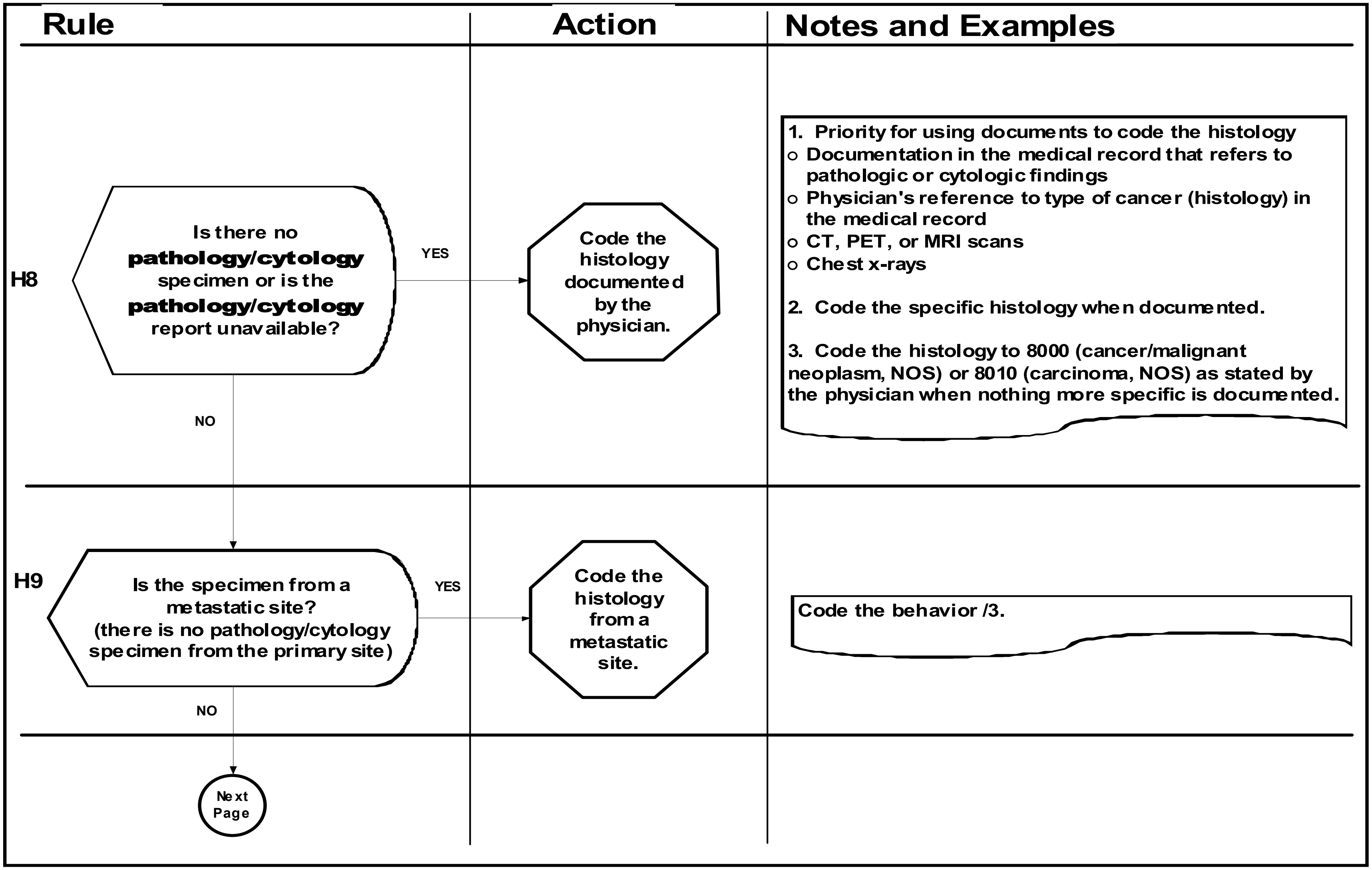
This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

LUNG Histology Coding Rules

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY


Rule
Action
Notes and Examples
YES
NO
YES
NO
Next Page

H8 Is there no **pathology/cytology** specimen or is the **pathology/cytology** report unavailable?

YES: Code the histology documented by the physician.

1. Priority for using documents to code the histology
   - o Documentation in the medical record that refers to pathologic or cytologic findings
   - o Physician's reference to type of cancer (histology) in the medical record
   - o CT, PET, or MRI scans
   - o Chest x-rays

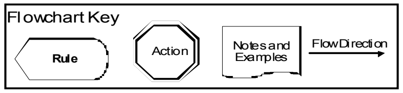
2. Code the specific histology when documented.

3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

H9 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)

YES: Code the histology from a metastatic site.

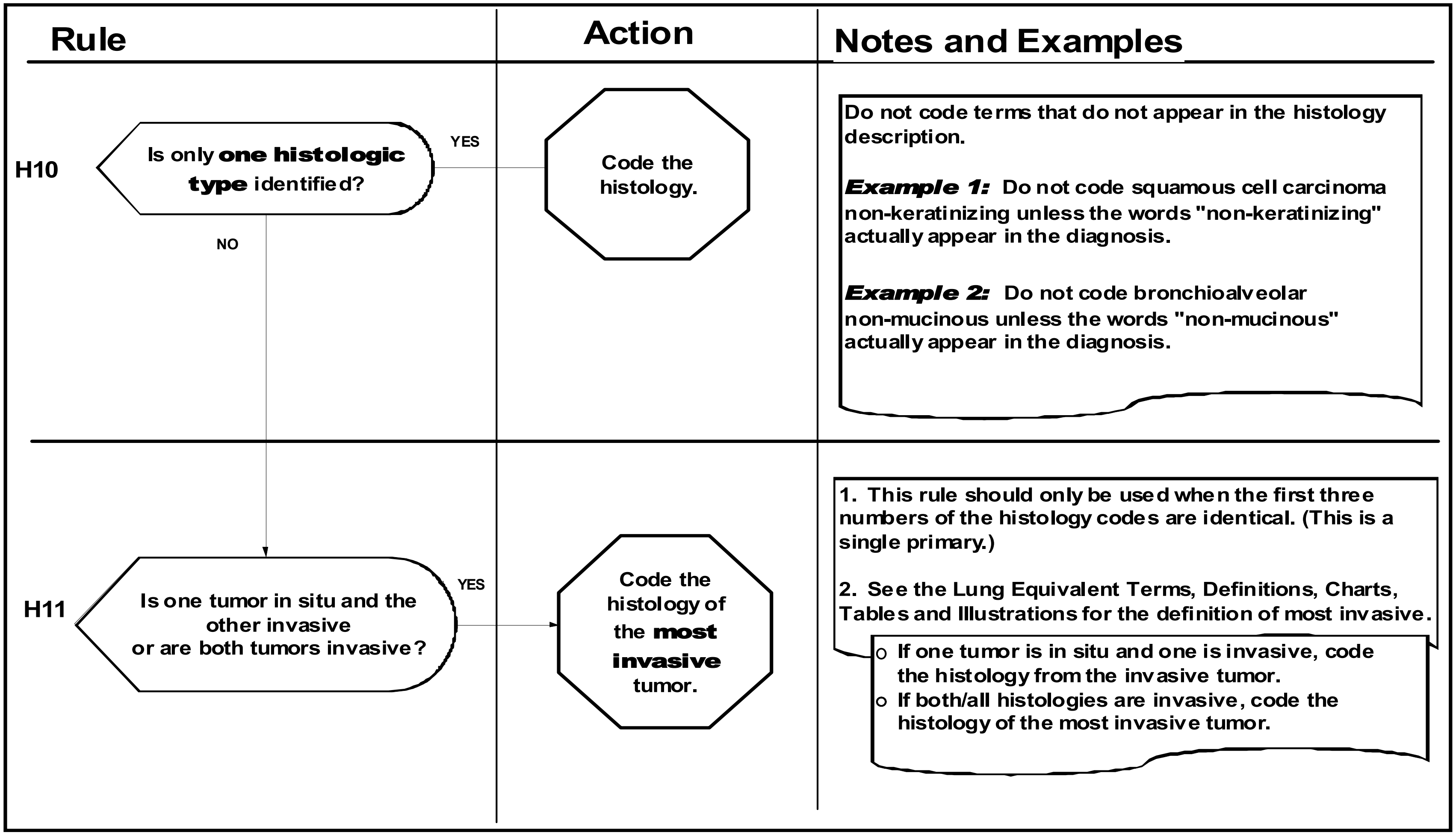
Code the behavior /3.



LUNG Histology Coding Rules

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



H10 Is only **one histologic type** identified?

Code the histology.

Do not code terms that do not appear in the histology description.

Example 1: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.

Example 2: Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.

H11 Is one tumor in situ and the other invasive or are both tumors invasive?

Code the histology of the **most invasive** tumor.

1. This rule should only be used when the first three numbers of the histology codes are identical. (This is a single primary.)

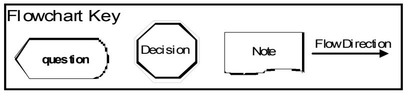
2. See the Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.

- If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
- If both/all histologies are invasive, code the histology of the most invasive tumor.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

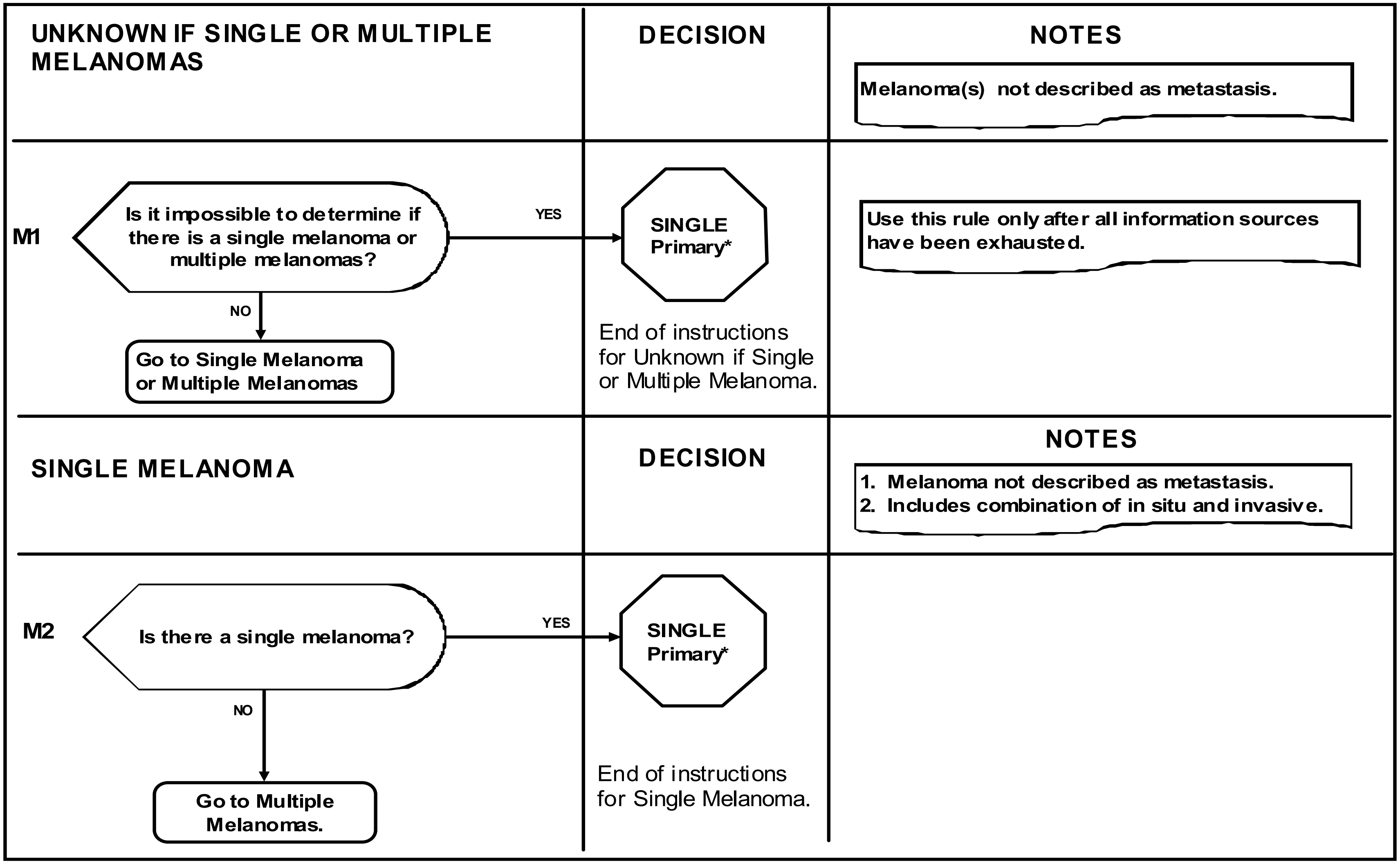
Cutaneous Melanoma Multiple Primary Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)



* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



UNKNOWN IF SINGLE OR MULTIPLE MELANOMAS

DECISION

NOTES

Melanoma(s) not described as metastasis.

M1 Is it impossible to determine if there is a single melanoma or multiple melanomas?

YES → SINGLE Primary*

End of instructions for Unknown if Single or Multiple Melanoma.

Use this rule only after all information sources have been exhausted.

NO → Go to Single Melanoma or Multiple Melanomas

SINGLE MELANOMA

DECISION

NOTES

1. Melanoma not described as metastasis.
2. Includes combination of in situ and invasive.

M2 Is there a single melanoma?

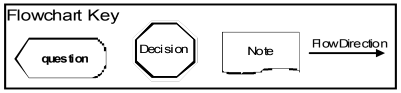
YES → SINGLE Primary*

End of instructions for Single Melanoma.

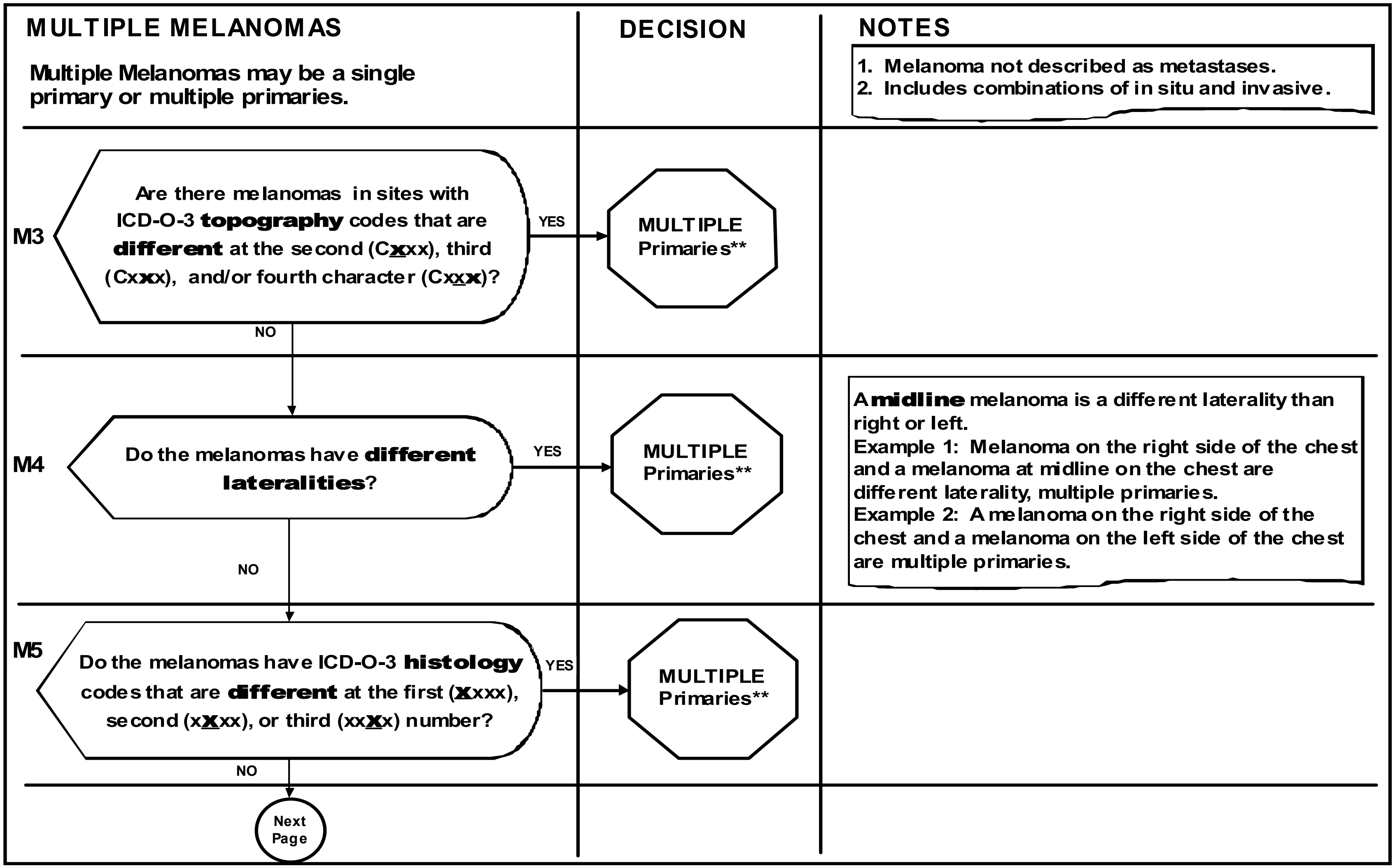
NO → Go to Multiple Melanomas.

Cutaneous Melanoma Multiple Primary Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

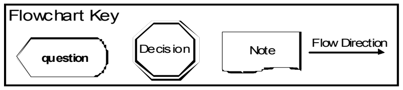

Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

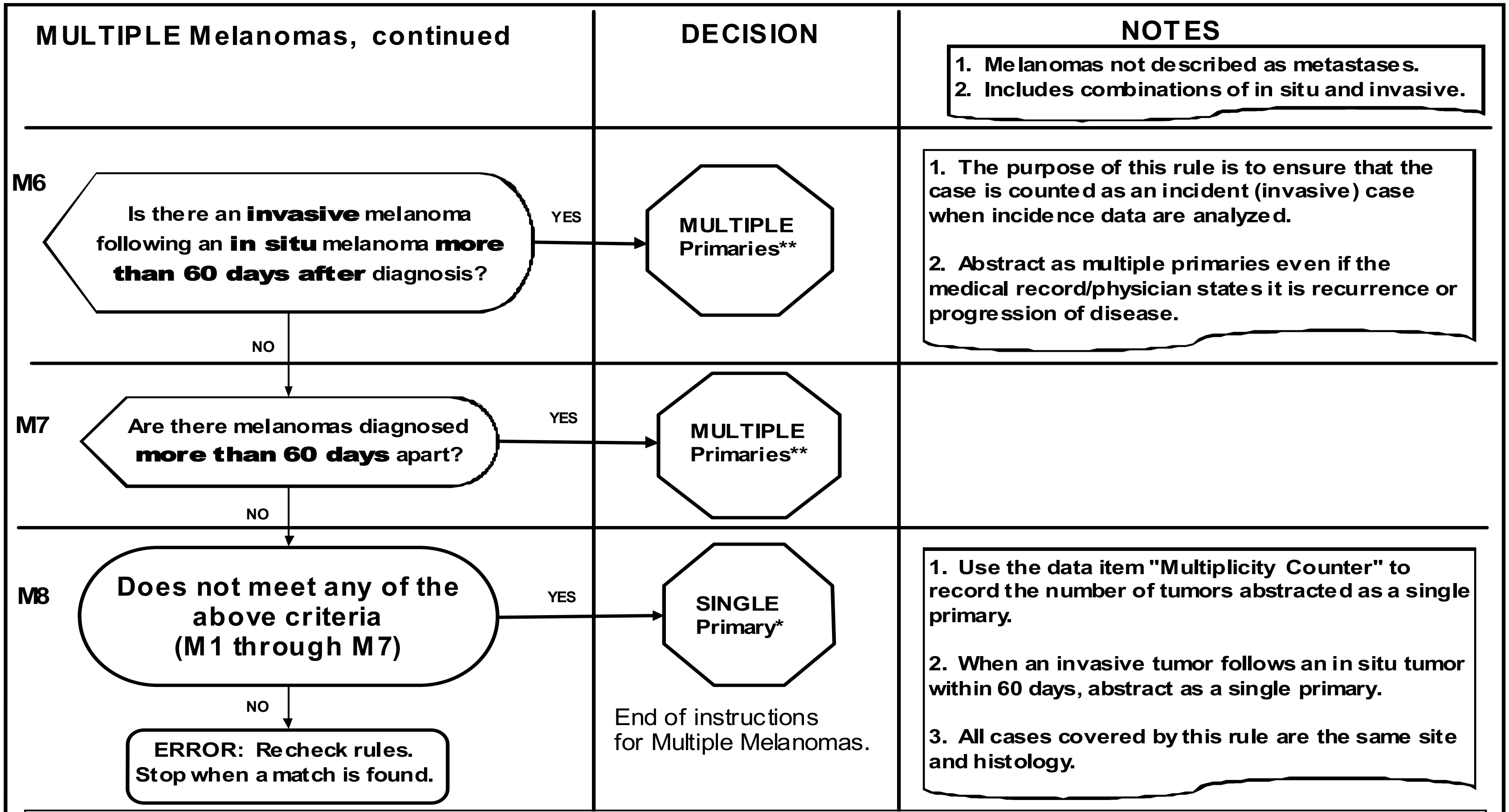

MULTIPLE MELANOMAS
DECISION
NOTES
Multiple Melanomas may be a single primary or multiple primaries.
1. Melanoma not described as metastases.
2. Includes combinations of in situ and invasive.
M3
Are there melanomas in sites with ICD-O-3 topography codes that are different at the second (Cxxx), third (Cxxx), and/or fourth character (Cxxx)?
YES
MULTIPLE Primaries**
NO
M4
Do the melanomas have different lateralities?
YES
MULTIPLE Primaries**
A midline melanoma is a different laterality than right or left.
Example 1: Melanoma on the right side of the chest and a melanoma at midline on the chest are different laterality, multiple primaries.
Example 2: A melanoma on the right side of the chest and a melanoma on the left side of the chest are multiple primaries.
NO
M5
Do the melanomas have ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx), or third (xxxx) number?
YES
MULTIPLE Primaries**
NO
Next Page

Cutaneous Melanoma Multiple Primary Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE Melanomas, continued
DECISION
NOTES
M6
Is there an **invasive** melanoma following an **in situ** melanoma **more than 60 days after** diagnosis?
YES
MULTIPLE Primaries**
NO
M7
Are there melanomas diagnosed **more than 60 days** apart?
YES
MULTIPLE Primaries**
NO
M8
Does not meet any of the above criteria (M1 through M7)
YES
SINGLE Primary*
NO
ERROR: Recheck rules. Stop when a match is found.
End of instructions for Multiple Melanomas.

NOTES

1. Melanomas not described as metastases.
2. Includes combinations of in situ and invasive.

M6

1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.

2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

M8

1. Use the data item "Multiplicity Counter" to record the number of tumors abstracted as a single primary.

2. When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

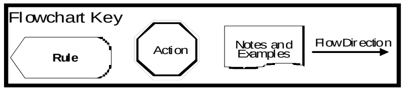
3. All cases covered by this rule are the same site and histology.

Rule M8 Examples: The following are examples of cases that use Rule M8.
This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.
Warning: **Using only these case examples to determine the number of primaries can result in major errors.**

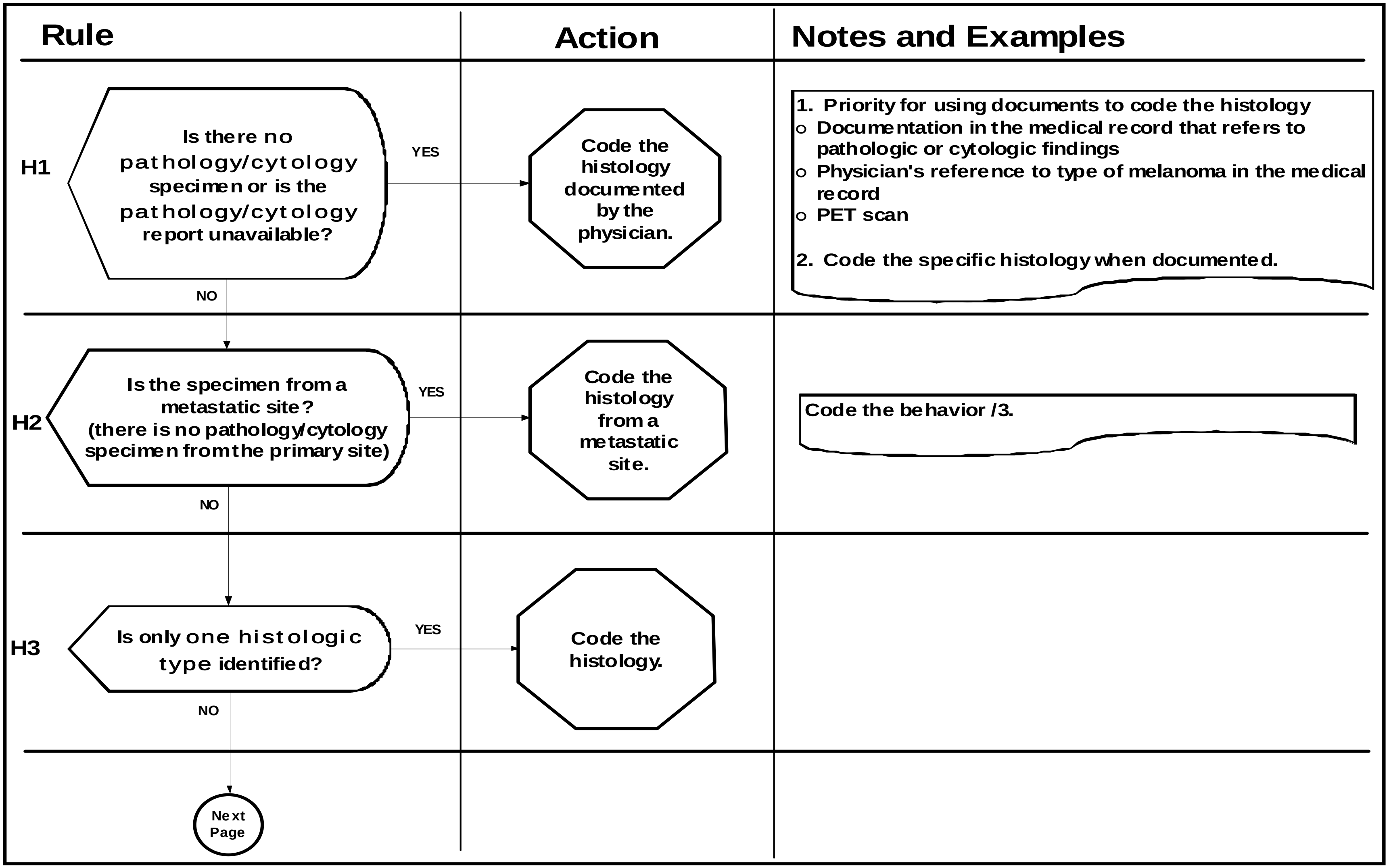
Example 1. Solitary melanoma on the left back and another solitary melanoma on the left chest.	Example 2. Solitary melanoma on the right thigh and another solitary melanoma on the right ankle.

Cutaneous Melanoma Histology Coding Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY


Rule
Action
Notes and Examples
H1
Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?
YES
Code the histology documented by the physician.
NO
H2
Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)
YES
Code the histology from a metastatic site.
NO
H3
Is only one histologic type identified?
YES
Code the histology.
NO
Next Page

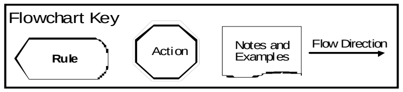
1. Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of melanoma in the medical record
- PET scan

2. Code the specific histology when documented.

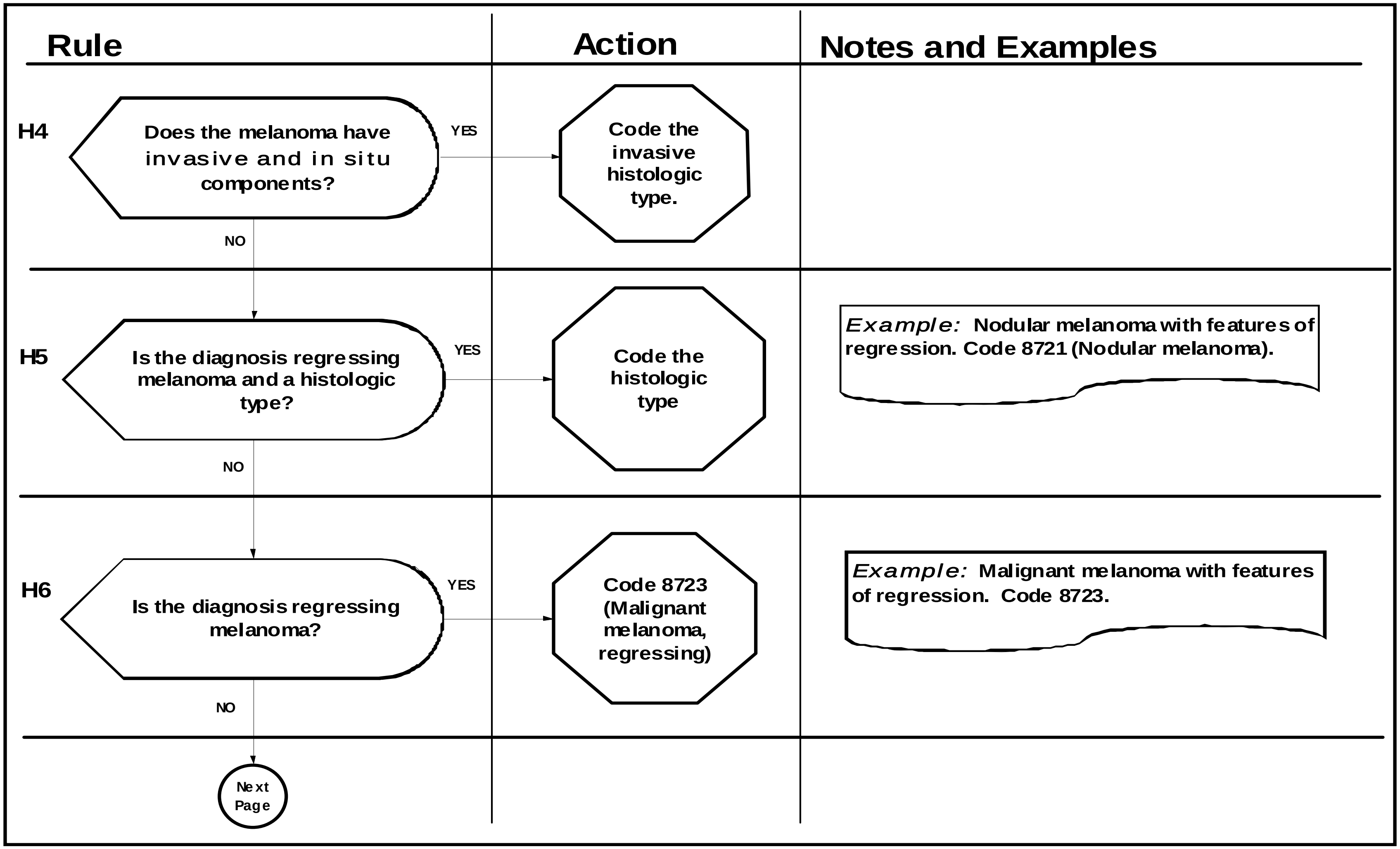
Code the behavior /3.

Cutaneous Melanoma Histology Coding Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)



SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY



Rule | **Action** | **Notes and Examples**

H4 Does the melanoma have invasive and in situ components?
YES → Code the invasive histologic type.
NO ↓

H5 Is the diagnosis regressing melanoma and a histologic type?
YES → Code the histologic type
NO ↓

Example: Nodular melanoma with features of regression. Code 8721 (Nodular melanoma).

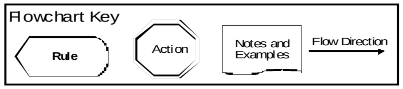
H6 Is the diagnosis regressing melanoma?
YES → Code 8723 (Malignant melanoma, regressing)
NO ↓

Example: Malignant melanoma with features of regression. Code 8723.

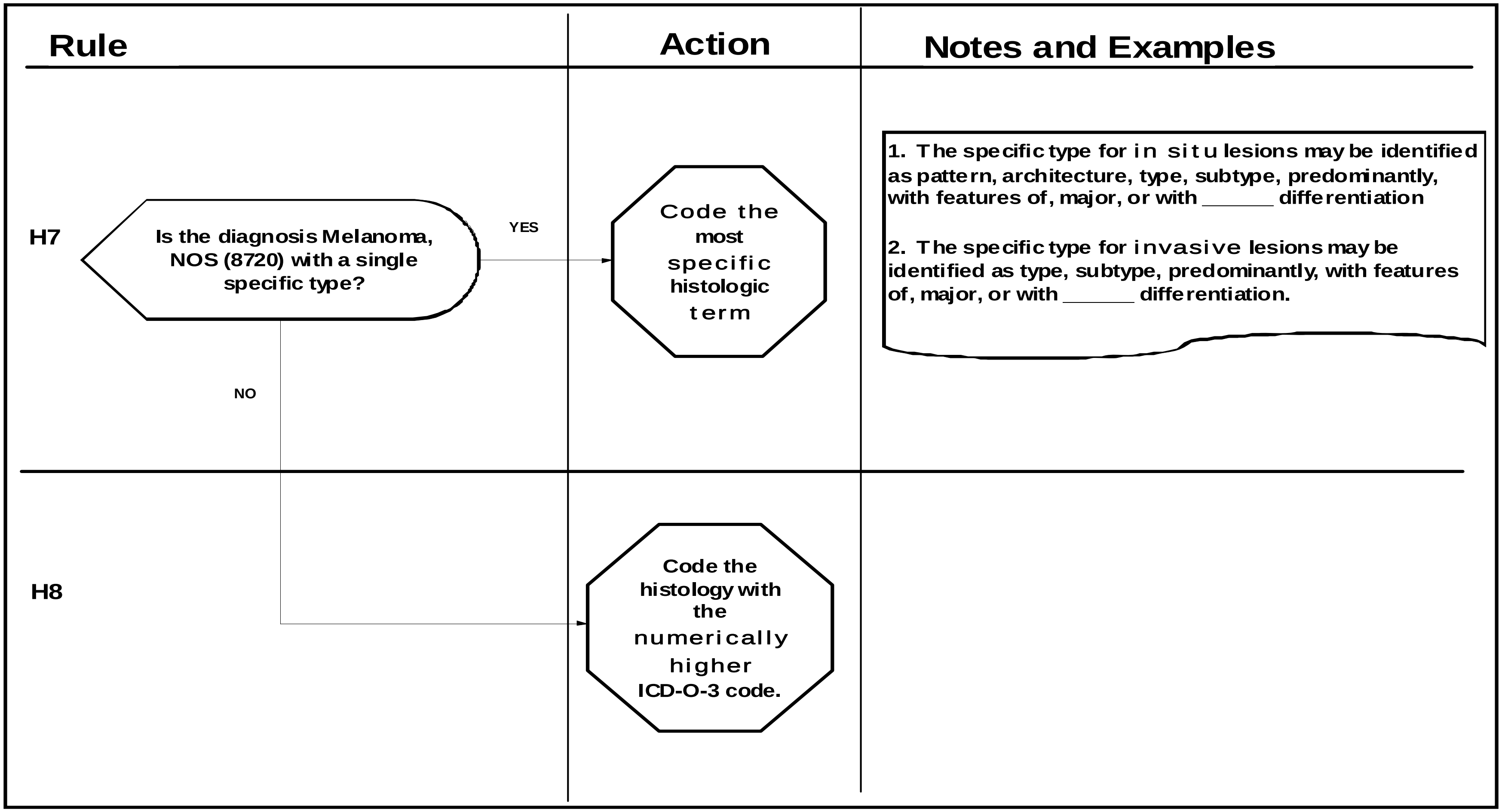
Next Page

Cutaneous Melanoma Histology Coding Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY


Rule
Action
Notes and Examples
H7
Is the diagnosis Melanoma, NOS (8720) with a single specific type?
YES
Code the most specific histologic term
NO
H8
Code the histology with the numerically higher ICD-O-3 code.

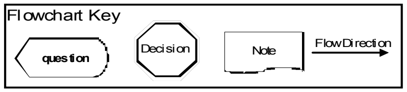
1. The specific type for *in situ* lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ______ differentiation

2. The specific type for *invasive* lesions may be identified as type, subtype, predominantly, with features of, major, or with ______ differentiation.

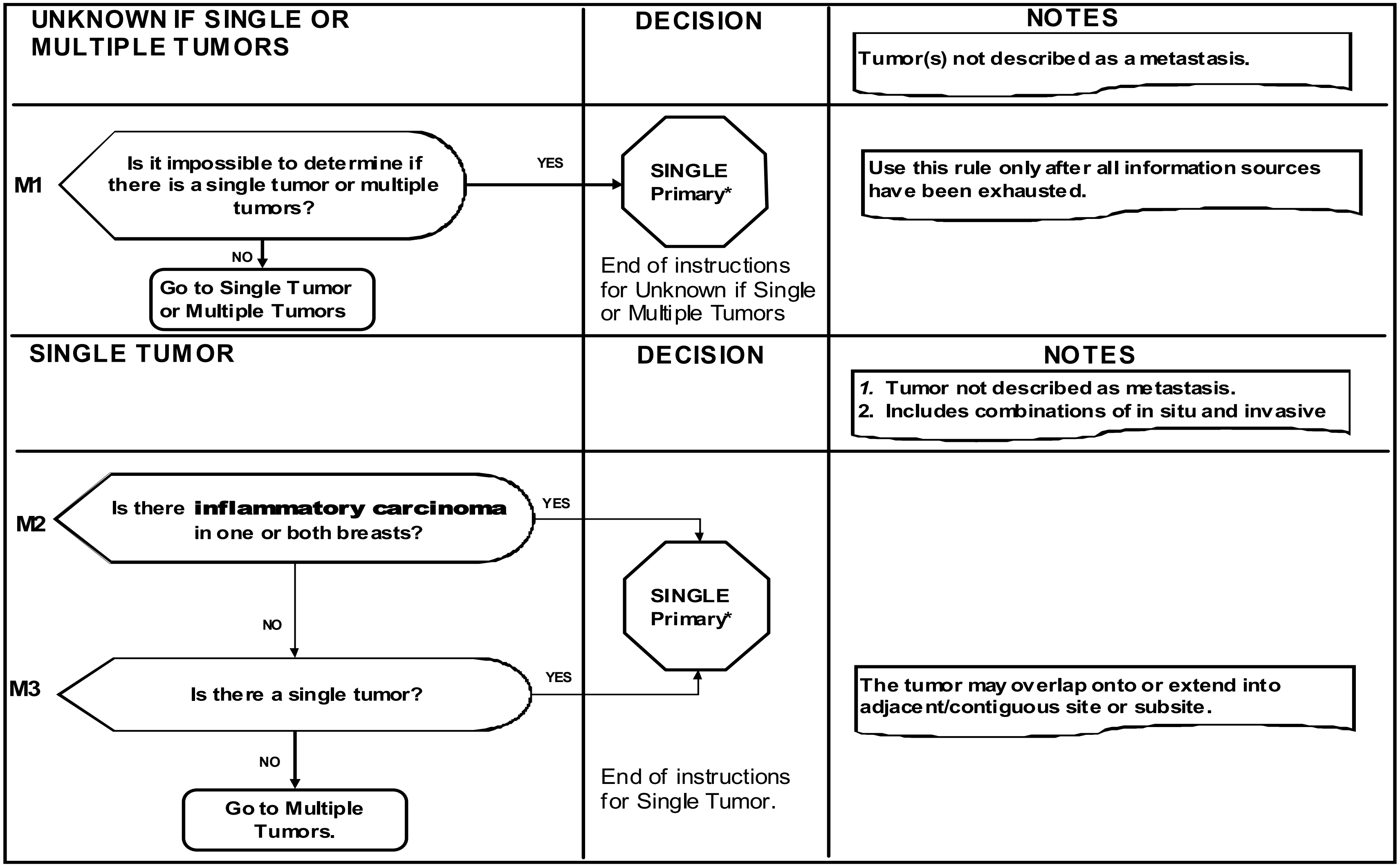
This is the end of instructions for Single Melanoma or Multiple Melanomas Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

Breast Multiple Primary Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

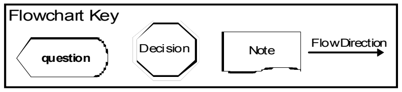

Flowchart Key
question
Decision
Note
FlowDirection

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


UNKNOWN IF SINGLE OR MULTIPLE TUMORS
DECISION
NOTES
Tumor(s) not described as a metastasis.
M1
Is it impossible to determine if there is a single tumor or multiple tumors?
YES
SINGLE Primary*
NO
Go to Single Tumor or Multiple Tumors
End of instructions for Unknown if Single or Multiple Tumors
Use this rule only after all information sources have been exhausted.
SINGLE TUMOR
DECISION
NOTES
1. Tumor not described as metastasis.
2. Includes combinations of in situ and invasive
M2
Is there inflammatory carcinoma in one or both breasts?
YES
NO
SINGLE Primary*
M3
Is there a single tumor?
YES
NO
Go to Multiple Tumors.
The tumor may overlap onto or extend into adjacent/contiguous site or subsite.
End of instructions for Single Tumor.

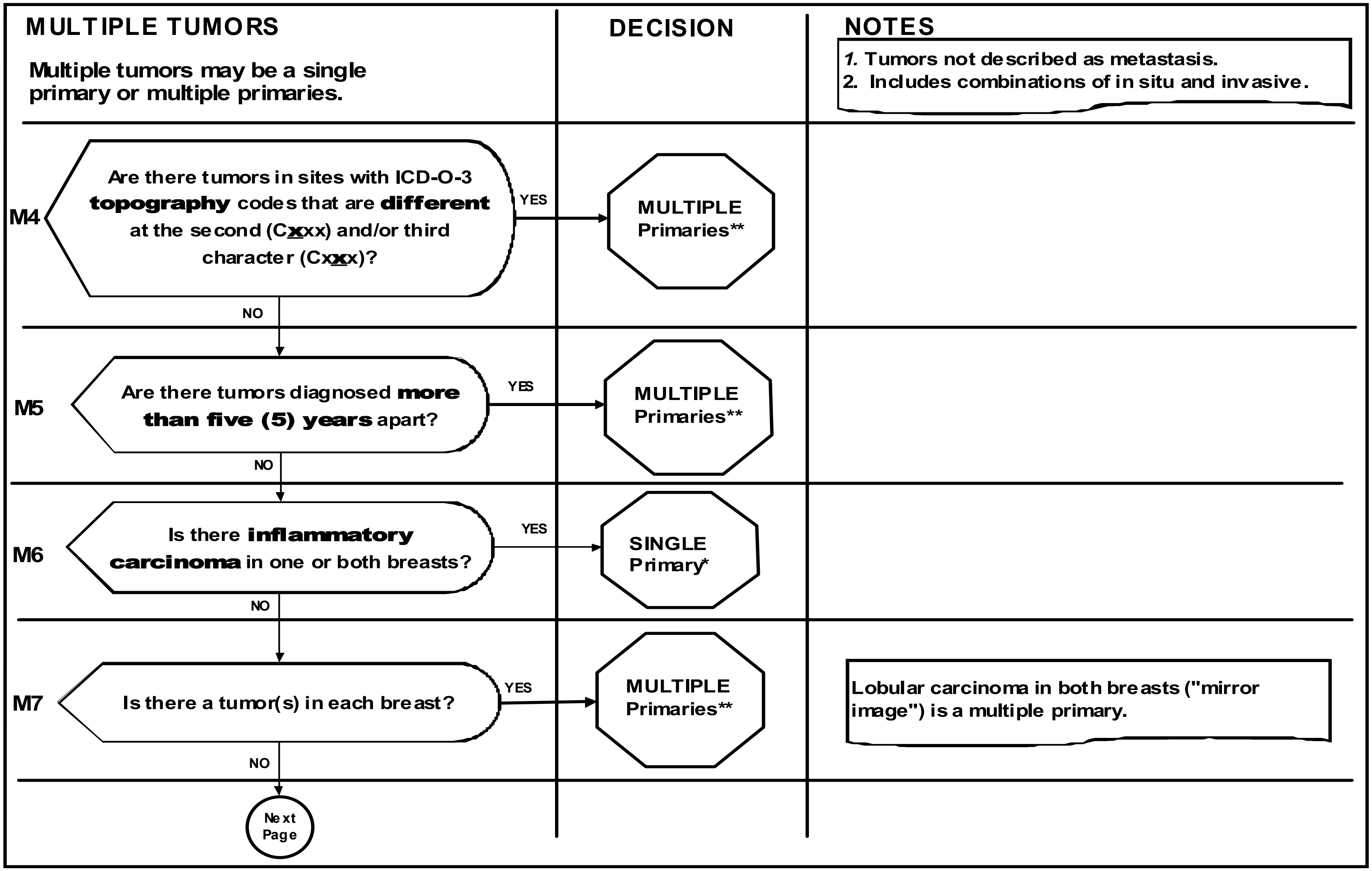
Breast Multiple Primary Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
FlowDirection

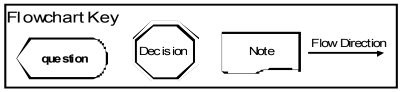
* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS
Multiple tumors may be a single primary or multiple primaries.
DECISION
NOTES
1. Tumors not described as metastasis.
2. Includes combinations of in situ and invasive.
M4
Are there tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third character (Cxxx)?
YES
MULTIPLE Primaries**
NO
M5
Are there tumors diagnosed more than five (5) years apart?
YES
MULTIPLE Primaries**
NO
M6
Is there inflammatory carcinoma in one or both breasts?
YES
SINGLE Primary*
NO
M7
Is there a tumor(s) in each breast?
YES
MULTIPLE Primaries**
Lobular carcinoma in both breasts ("mirror image") is a multiple primary.
NO
Next Page

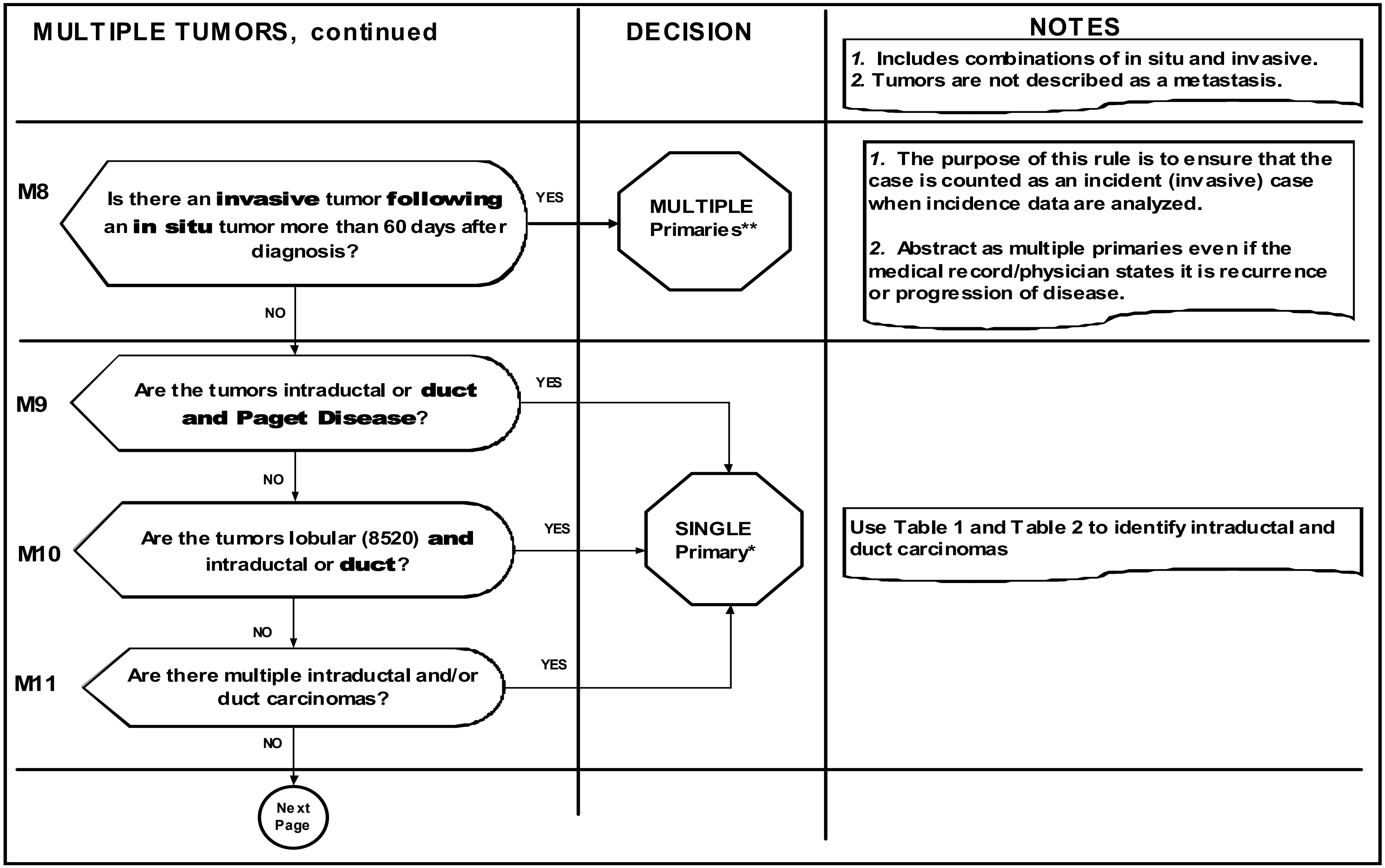
Breast Multiple Primary Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS, continued
DECISION
NOTES
M8
YES
NO
M9
YES
NO
M10
YES
NO
M11
YES
NO
Next Page

1. Includes combinations of in situ and invasive.
2. Tumors are not described as a metastasis.

M8 Is there an **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis? YES: MULTIPLE Primaries**

1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

M9 Are the tumors intraductal or **duct and Paget Disease**? YES: SINGLE Primary*

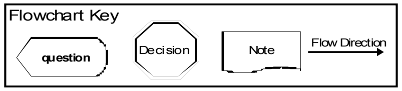
M10 Are the tumors lobular (8520) **and** intraductal or **duct**? YES: SINGLE Primary*

Use Table 1 and Table 2 to identify intraductal and duct carcinomas

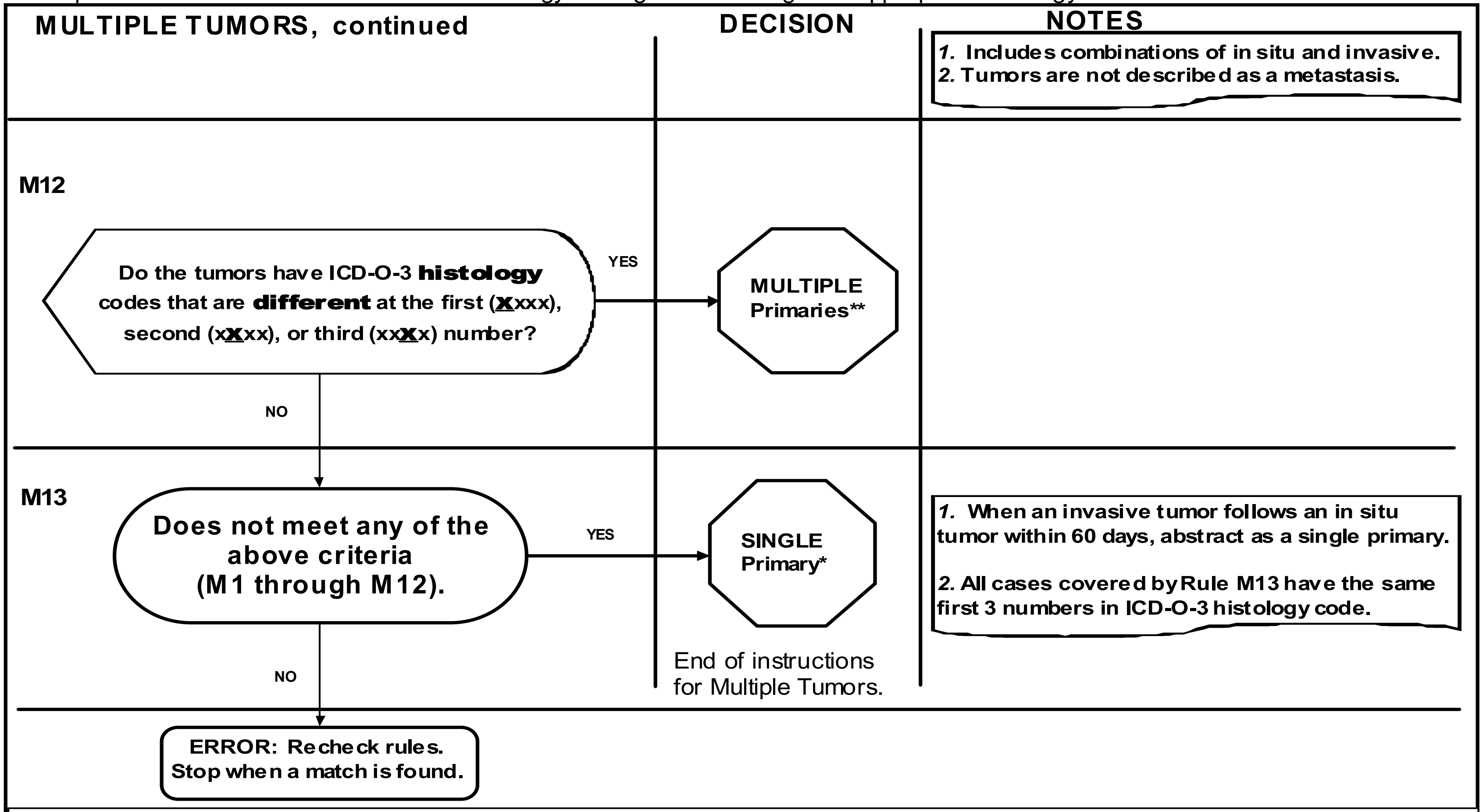
M11 Are there multiple intraductal and/or duct carcinomas? YES: SINGLE Primary*

Breast Multiple Primary Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS, continued
DECISION
NOTES
1. Includes combinations of in situ and invasive.
2. Tumors are not described as a metastasis.
M12
Do the tumors have ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx), or third (xxxx) number?
YES
MULTIPLE Primaries**
NO
M13
Does not meet any of the above criteria (M1 through M12).
YES
SINGLE Primary*
1. When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.
2. All cases covered by Rule M13 have the same first 3 numbers in ICD-O-3 histology code.
End of instructions for Multiple Tumors.
NO
ERROR: Recheck rules. Stop when a match is found.

Rule M13 Examples: The following are examples of cases that use Rule M13.
This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.
Warning: **Using only these case examples to determine the number of primaries can result in major errors.**

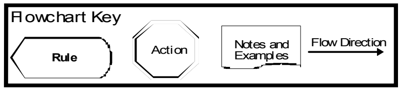
Example 1. Invasive duct and intraductal carcinoma in the same breast	Example 2. Multicentric lobular carcinoma, left breast

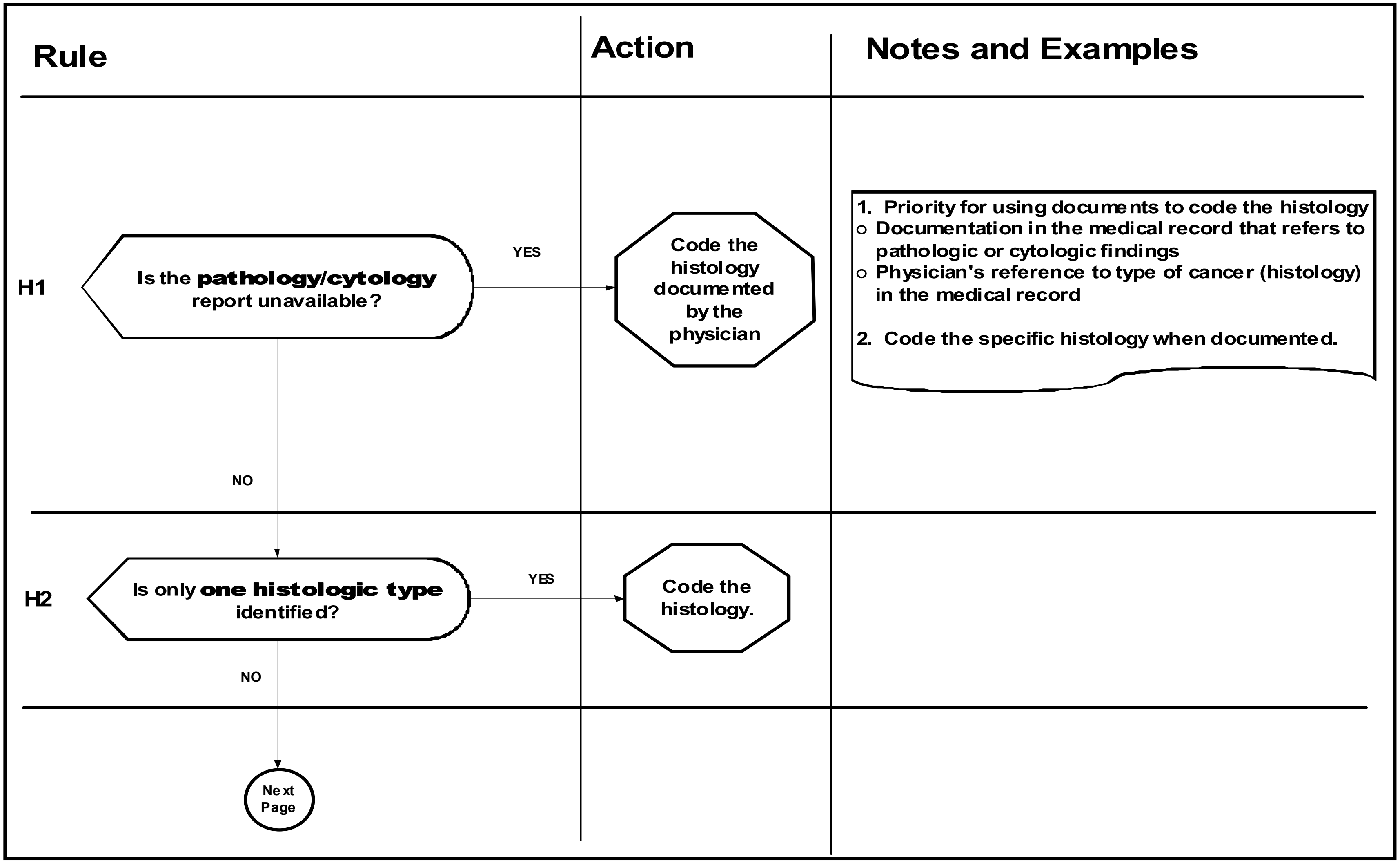
Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR: IN SITU CARCINOMA ONLY

(Single Tumor; all parts are in situ)

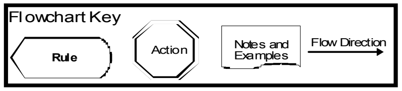

Flowchart Key
Rule
Action
Notes and Examples
Flow Direction


Rule
Action
Notes and Examples
H1
Is the **pathology/cytology** report unavailable?
YES
Code the histology documented by the physician
NO
H2
Is only **one histologic type** identified?
YES
Code the histology.
NO
Next Page

1. Priority for using documents to code the histology
   - o Documentation in the medical record that refers to pathologic or cytologic findings
   - o Physician's reference to type of cancer (histology) in the medical record
2. Code the specific histology when documented.

Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



SINGLE TUMOR: IN SITU CARCINOMA ONLY

(Single Tumor; all parts are in situ)

	Rule	Action	Notes and Examples
H3	Is there carcinoma in situ, NOS (8010) and a specific carcinoma in situ? YES → Action; NO ↓ Is there adenocarcinoma in situ, NOS (8140) and a specific adenocarcinoma in situ? YES → Action; NO ↓ Is there intraductal NOS (8500) and a specific intraductal carcinoma (Table1)? YES → Action; NO ↓	**Code the** more **specific** histologic **term.**	The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.
H4	Does the tumor have **non-infiltrating comedocarcinoma and any** other intraductal carcinoma (Table 1)? YES → Action; NO ↓	Code **8501/2** (comedo-carcinoma, non-infiltrating).	***Example:*** Pathology report reads intraductal carcinoma with comedo and solid features. Code comedocarcinoma (8501/2).
H5	Does the tumor have a combination of **in situ lobular (8520) and intraductal** carcinoma (Table 3)? YES → Action; NO ↓ Next Page	Code **8522/2** (intraductal and lobular carcinoma in situ).	

Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Flowchart Key: Rule | Action | Notes and Examples | Flow Direction →

SINGLE TUMOR: IN SITU CARCINOMA ONLY

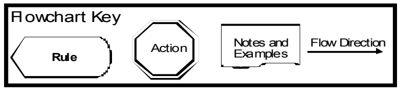
(Single Tumor; all parts are in situ)

Rule		Action	Notes and Examples
H6 Is there a combination of intraductal carcinoma and one or more specific intraductal types OR are there are **two or more specific intraductal** carcinomas?	YES →	Code **8523/2** (intraductal carcinoma mixed with other types of in situ carcinoma).	1. Use Table 1 to identify the histologies. 2. Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).
NO ↓			
H7 Is there **in situ lobular** (8520) and any **in situ** carcinoma **other than intraductal** carcinoma (Table 1)?	YES →	Code **8524/2** (in situ lobular mixed with other types of in situ carcinoma).	Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).
NO ↓			
H8 Is there a **combination** of in situ/non-invasive histologies that **does not include** either **intraductal** carcinoma (Table 1) or **in situ lobular** (8520)?	YES →	Code **8255/2** (adenocarcinoma in situ with mixed subtypes.	Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).

This is the end of instructions for Single Tumor: In Situ Carcinoma Only.
Code the histology according to the rule that fits the case.

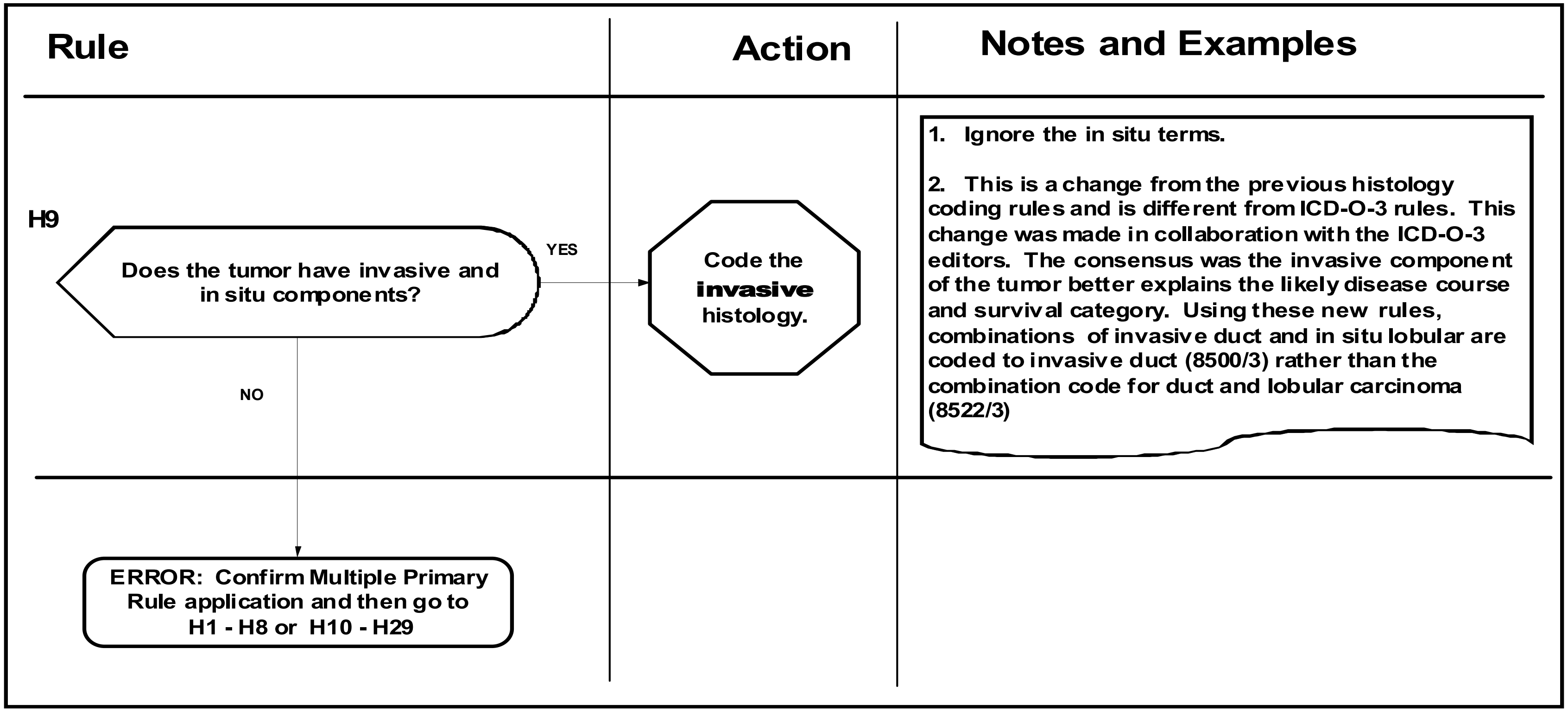
Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

SINGLE TUMOR: INVASIVE AND IN SITU CARCINOMA

(Single Tumor; in situ and invasive components)

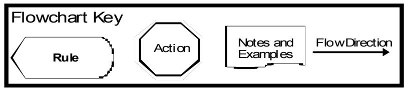

Rule
Action
Notes and Examples
H9
Does the tumor have invasive and in situ components?
YES
Code the **invasive** histology.
NO
ERROR: Confirm Multiple Primary Rule application and then go to H1 - H8 or H10 - H29

1. Ignore the in situ terms.
2. This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was the invasive component of the tumor better explains the likely disease course and survival category. Using these new rules, combinations of invasive duct and in situ lobular are coded to invasive duct (8500/3) rather than the combination code for duct and lobular carcinoma (8522/3)

This is the end of instructions for Single Tumor: Invasive and In Situ Carcinoma.
Code the histology according to the rule that fits the case.

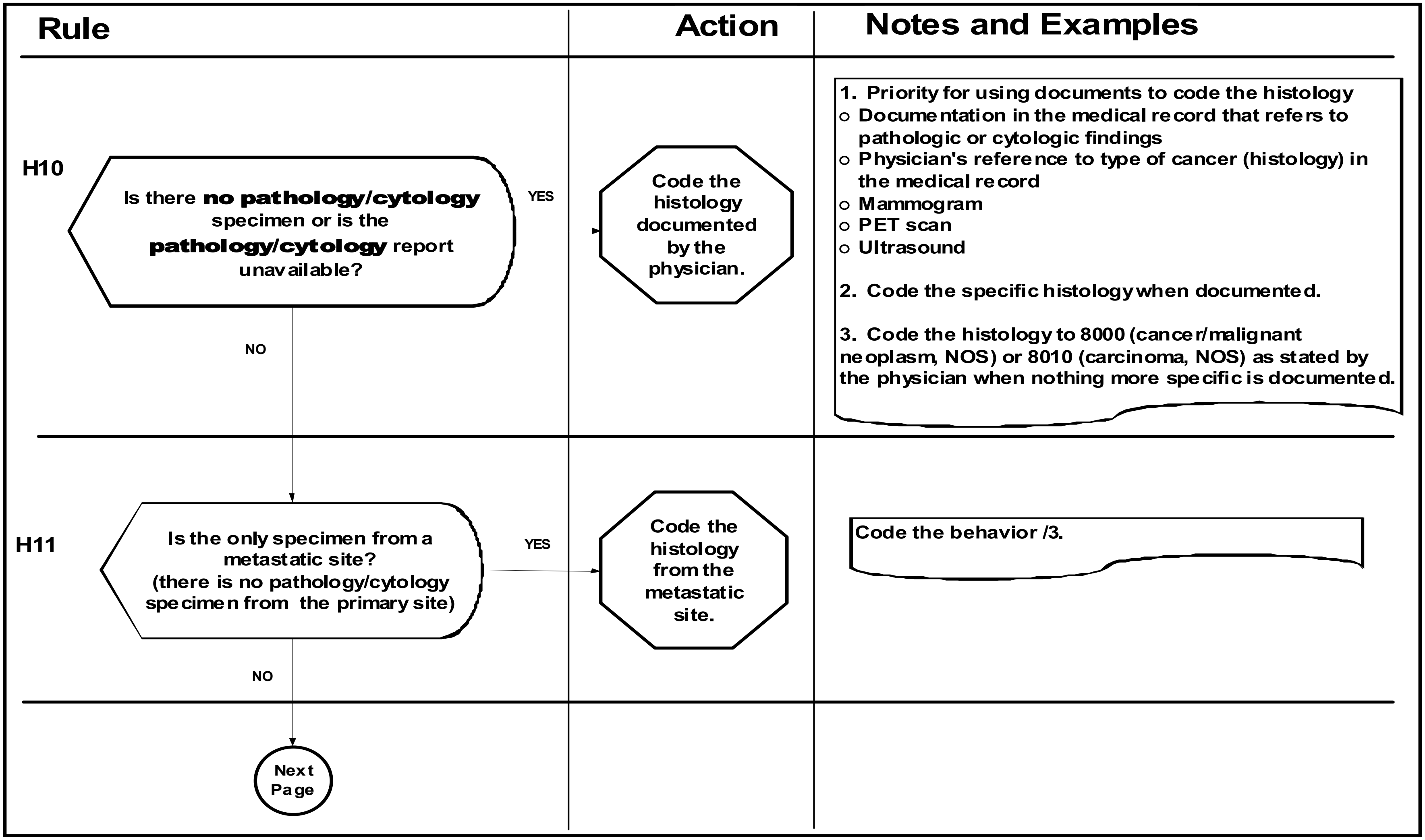
Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



SINGLE TUMOR: INVASIVE CARCINOMA ONLY

(Single Tumor; all parts are invasive)



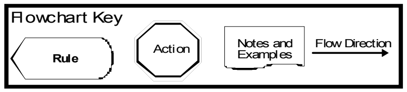
Rule		Action	Notes and Examples
H10	Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable?	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o Mammogram o PET scan o Ultrasound 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
H11	Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)	Code the histology from the metastatic site.	Code the behavior /3.

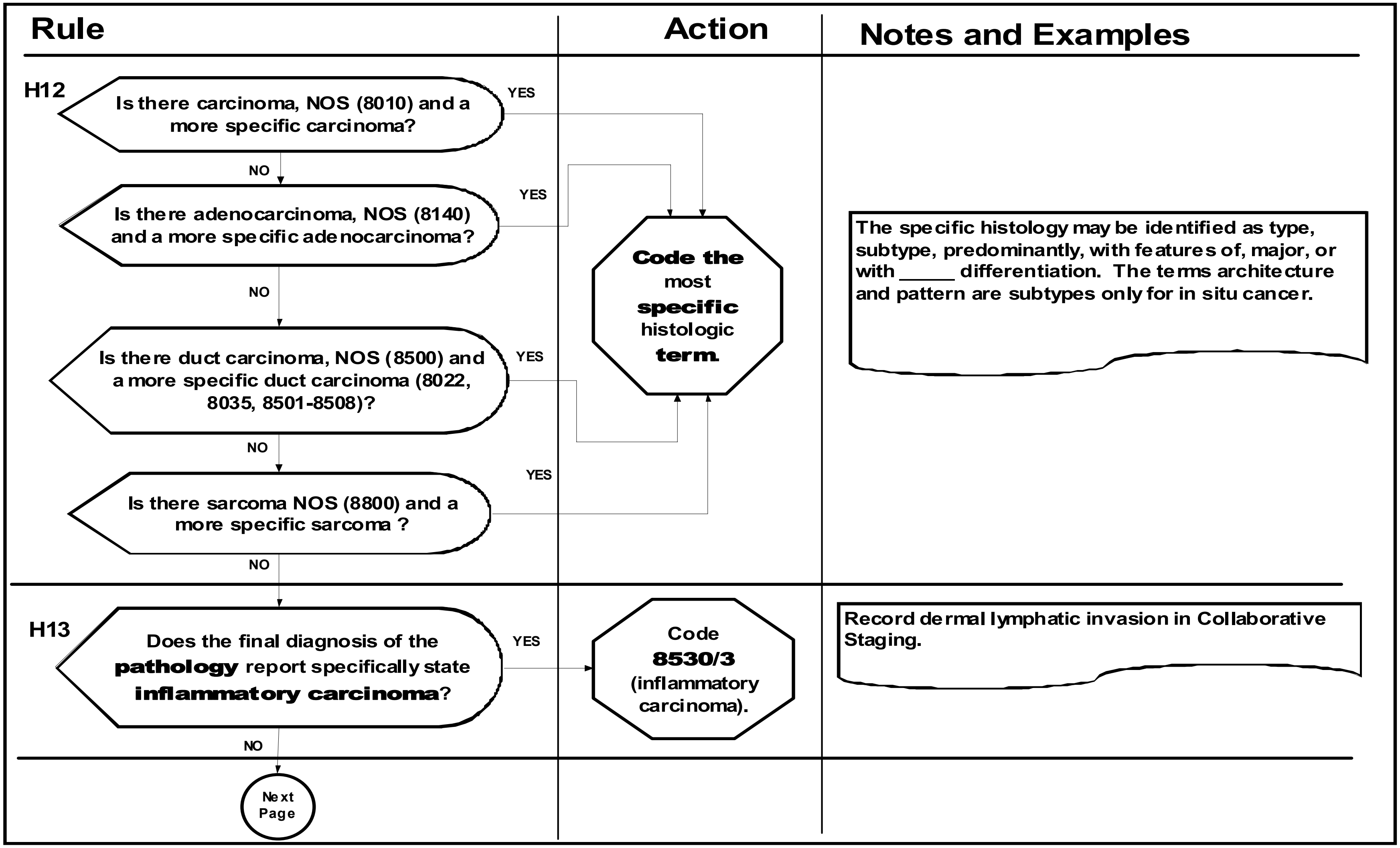
Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR: INVASIVE CARCINOMA ONLY

(Single Tumor; all parts are invasive)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

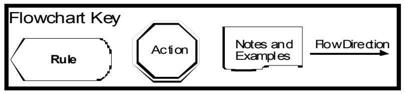

Rule
Action
Notes and Examples
H12
Is there carcinoma, NOS (8010) and a more specific carcinoma?
YES
NO
Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?
YES
NO
Is there duct carcinoma, NOS (8500) and a more specific duct carcinoma (8022, 8035, 8501-8508)?
YES
NO
Is there sarcoma NOS (8800) and a more specific sarcoma ?
YES
NO
Code the most specific histologic term.
H13
Does the final diagnosis of the pathology report specifically state inflammatory carcinoma?
YES
Code 8530/3 (inflammatory carcinoma).
NO
Next Page

The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.

Record dermal lymphatic invasion in Collaborative Staging.

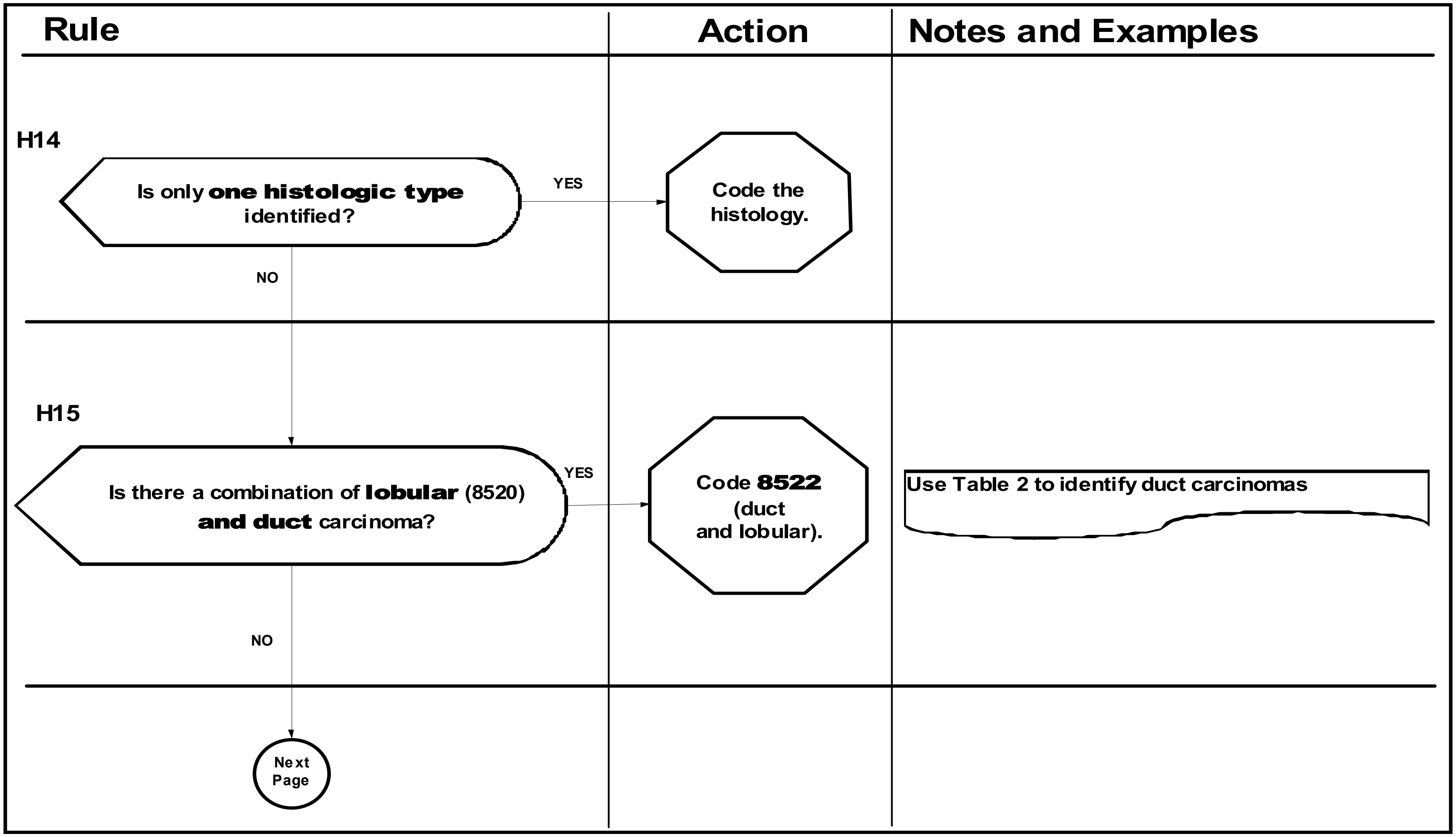
Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

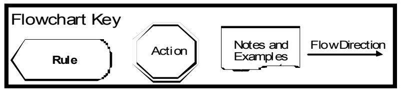
SINGLE TUMOR: INVASIVE CARCINOMA ONLY

(Single Tumor; all parts are invasive)


Rule
Action
Notes and Examples
H14
Is only one histologic type identified?
YES
Code the histology.
NO
H15
Is there a combination of lobular (8520) and duct carcinoma?
YES
Code 8522 (duct and lobular).
Use Table 2 to identify duct carcinomas
NO
Next Page

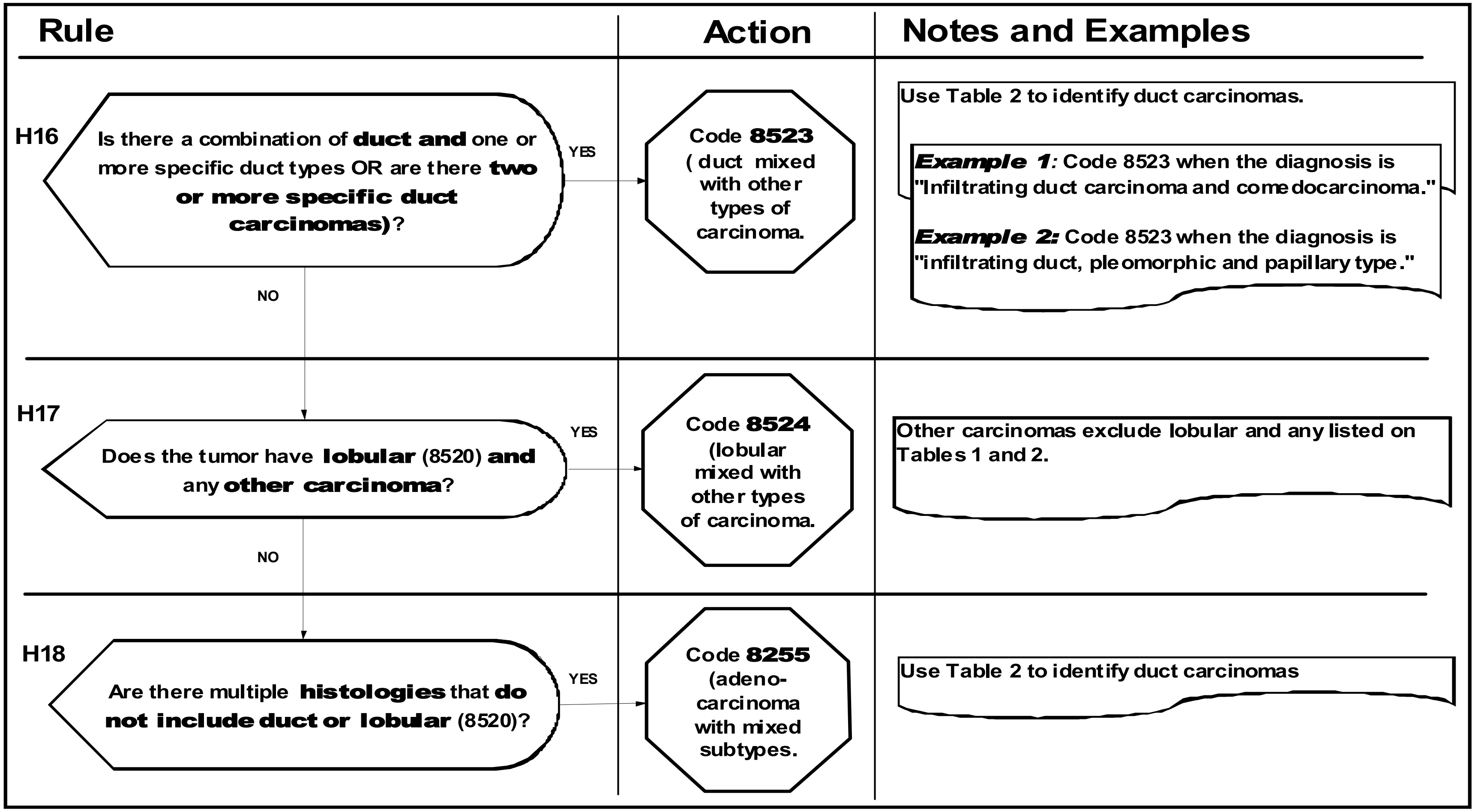
Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



SINGLE TUMOR: INVASIVE CARCINOMA ONLY

(Single Tumor; all parts are invasive)

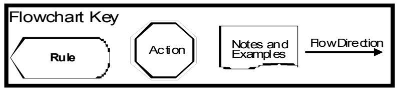


Rule		Action	Notes and Examples
H16	Is there a combination of **duct and** one or more specific duct types OR are there **two or more specific duct carcinomas)**?	Code **8523** (duct mixed with other types of carcinoma.	Use Table 2 to identify duct carcinomas. ***Example 1**:* Code 8523 when the diagnosis is "Infiltrating duct carcinoma and comedocarcinoma." ***Example 2:*** Code 8523 when the diagnosis is "infiltrating duct, pleomorphic and papillary type."
H17	Does the tumor have **lobular** (8520) **and** any **other carcinoma**?	Code **8524** (lobular mixed with other types of carcinoma.	Other carcinomas exclude lobular and any listed on Tables 1 and 2.
H18	Are there multiple **histologies** that **do not include duct or lobular** (8520)?	Code **8255** (adeno-carcinoma with mixed subtypes.	Use Table 2 to identify duct carcinomas

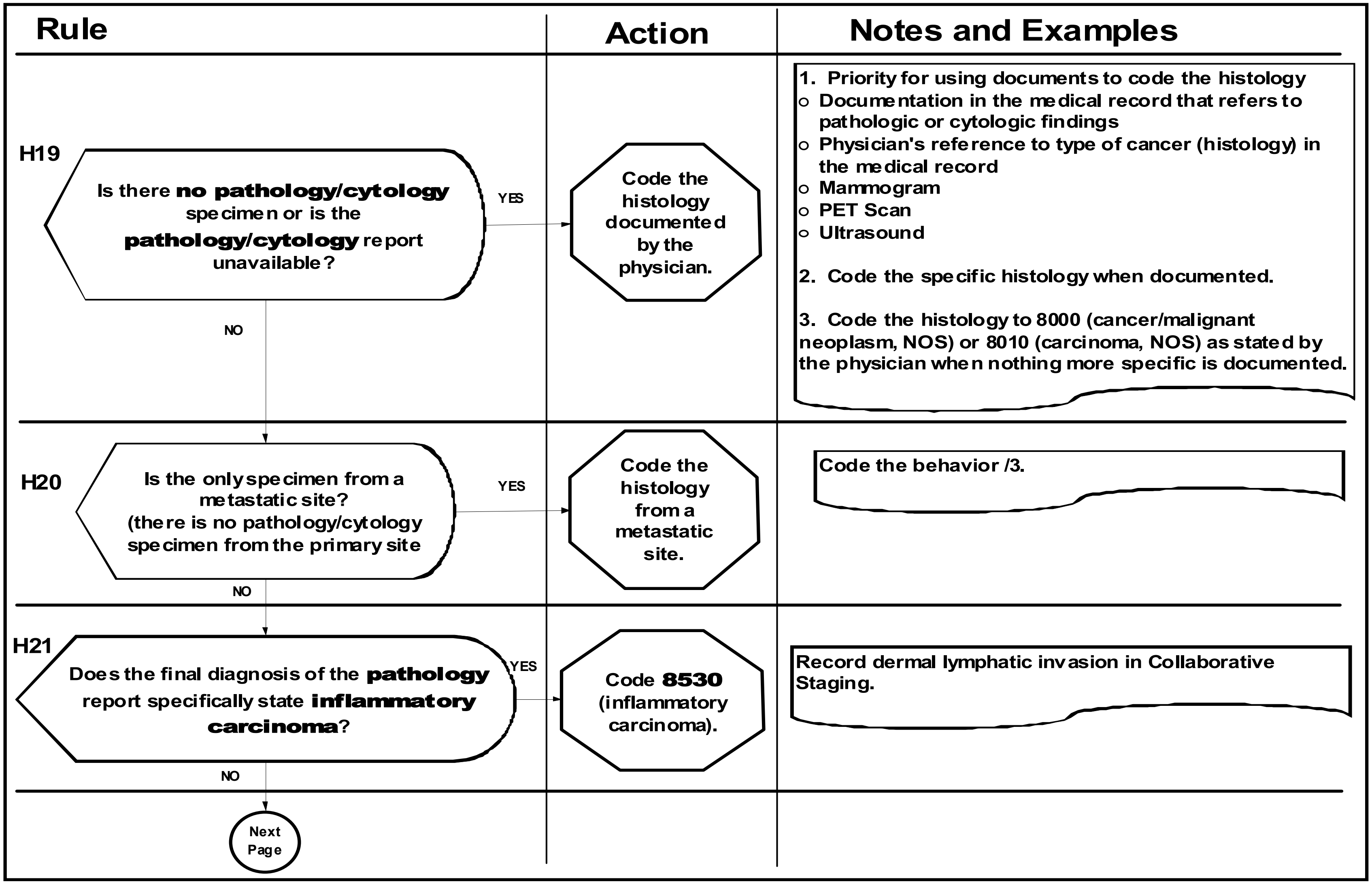
This is the end of instructions for Single Tumor: Invasive Carcinoma Only.
Code the histology according to the rule that fits the case.

Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



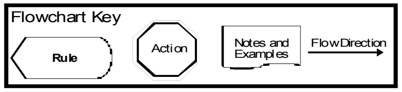
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



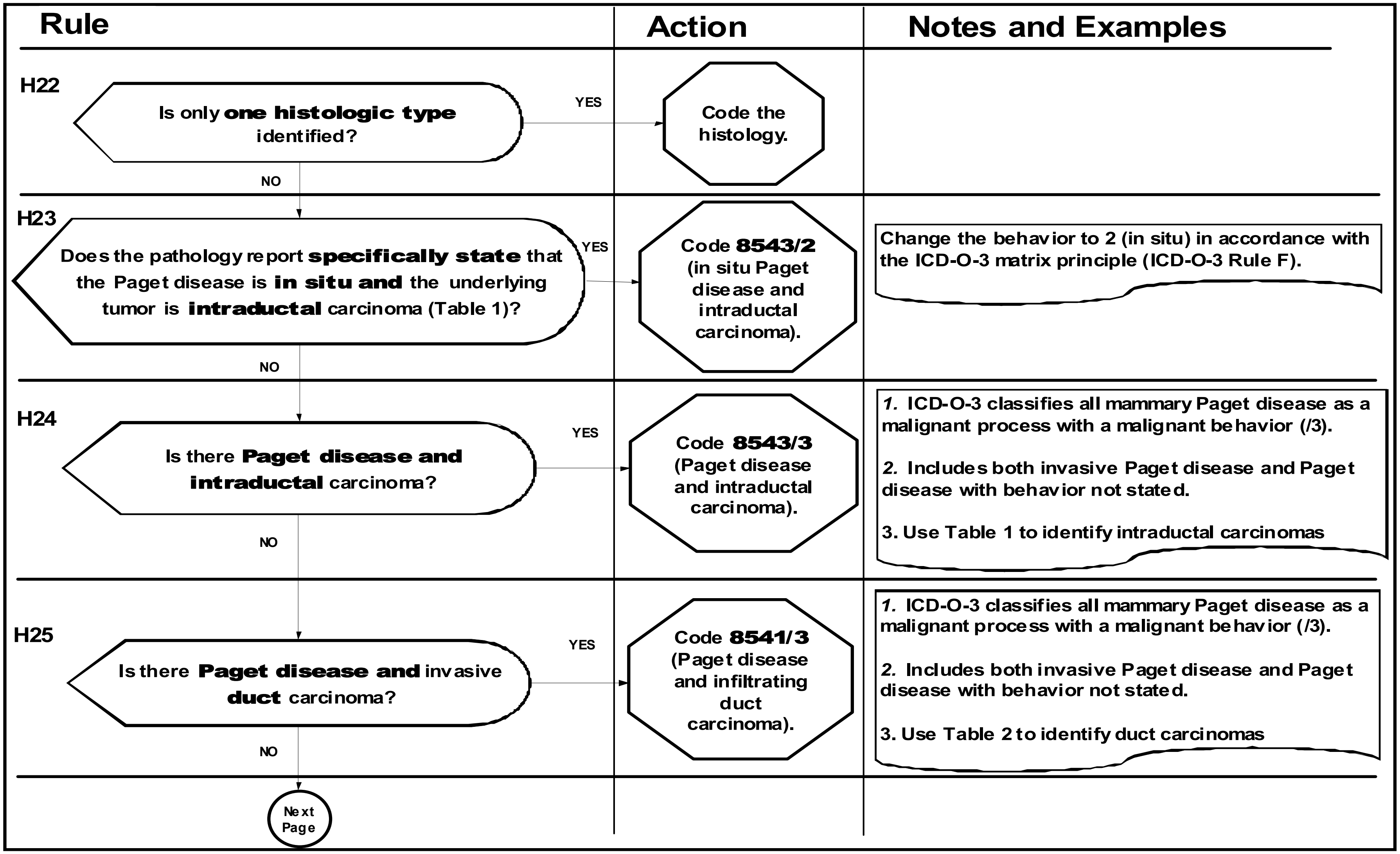
	Rule	Action	Notes and Examples
H19	Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? YES → Action NO → H20	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o Mammogram o PET Scan o Ultrasound 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
H20	Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site YES → Action NO → H21	Code the histology from a metastatic site.	Code the behavior /3.
H21	Does the final diagnosis of the **pathology** report specifically state **inflammatory carcinoma**? YES → Action NO → Next Page	Code **8530** (inflammatory carcinoma).	Record dermal lymphatic invasion in Collaborative Staging.

Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



H22 Is only **one histologic type** identified?
YES: Code the histology.

H23 Does the pathology report **specifically state** that the Paget disease is **in situ and** the underlying tumor is **intraductal** carcinoma (Table 1)?
YES: Code **8543/2** (in situ Paget disease and intraductal carcinoma).

Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).

H24 Is there **Paget disease and intraductal** carcinoma?
YES: Code **8543/3** (Paget disease and intraductal carcinoma).

1. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3).

2. Includes both invasive Paget disease and Paget disease with behavior not stated.

3. Use Table 1 to identify intraductal carcinomas

H25 Is there **Paget disease and** invasive **duct** carcinoma?
YES: Code **8541/3** (Paget disease and infiltrating duct carcinoma).

1. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3).

2. Includes both invasive Paget disease and Paget disease with behavior not stated.

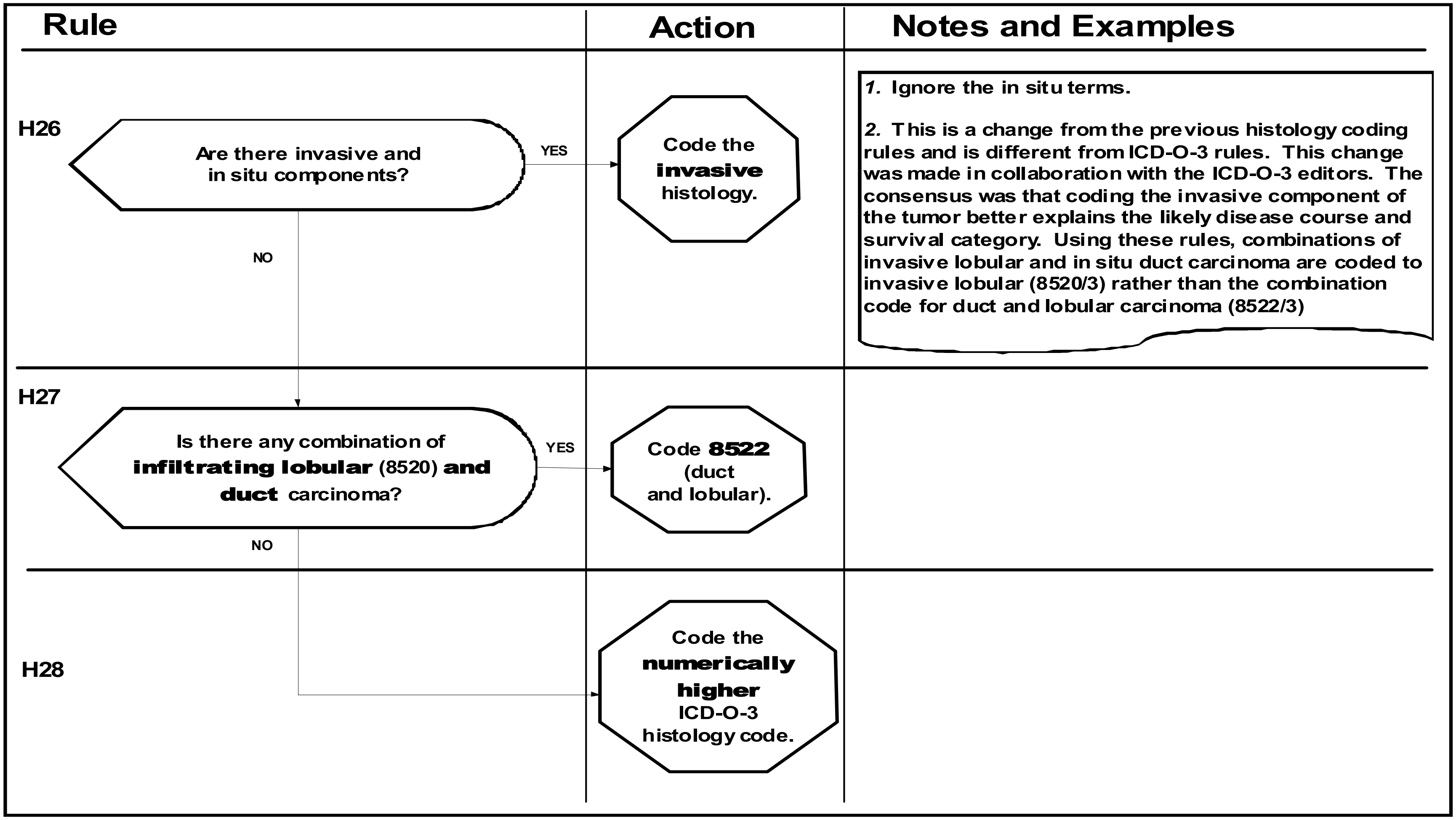
3. Use Table 2 to identify duct carcinomas

Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY


Rule
Action
Notes and Examples
H26
Are there invasive and in situ components?
YES
Code the invasive histology.
NO
H27
Is there any combination of infiltrating lobular (8520) and duct carcinoma?
YES
Code 8522 (duct and lobular).
NO
H28
Code the numerically higher ICD-O-3 histology code.

1. Ignore the in situ terms.

2. This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category. Using these rules, combinations of invasive lobular and in situ duct carcinoma are coded to invasive lobular (8520/3) rather than the combination code for duct and lobular carcinoma (8522/3)

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

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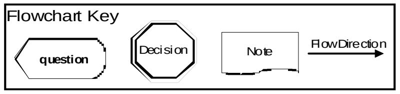
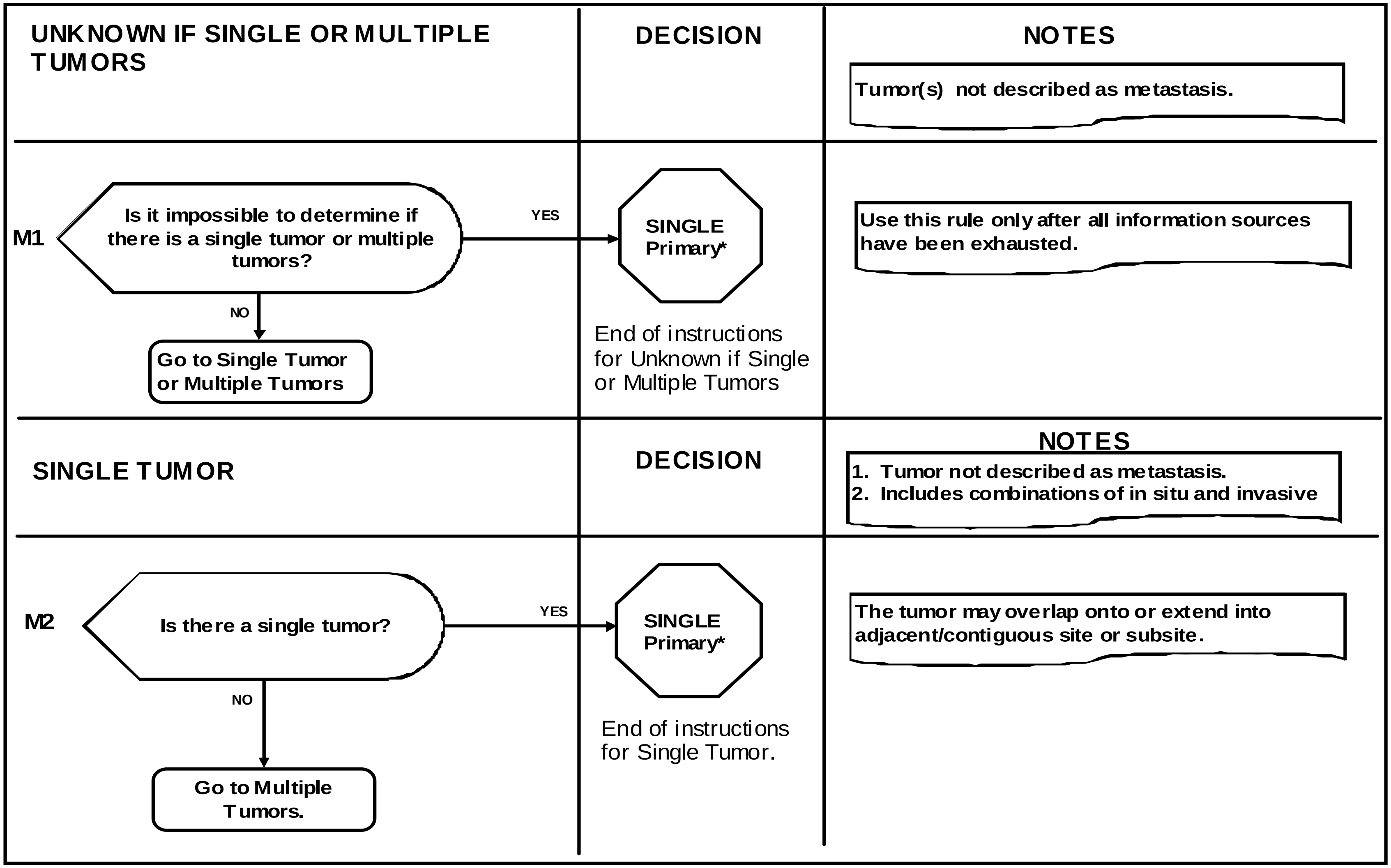
Kidney Multiple Primary Rules - Flowchart

(C649)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

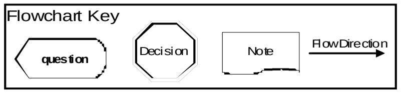
* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


UNKNOWN IF SINGLE OR MULTIPLE TUMORS
DECISION
NOTES
Tumor(s) not described as metastasis.
M1
Is it impossible to determine if there is a single tumor or multiple tumors?
YES
SINGLE Primary*
NO
Go to Single Tumor or Multiple Tumors
End of instructions for Unknown if Single or Multiple Tumors
Use this rule only after all information sources have been exhausted.
SINGLE TUMOR
DECISION
NOTES
1. Tumor not described as metastasis.
2. Includes combinations of in situ and invasive
M2
Is there a single tumor?
YES
SINGLE Primary*
NO
Go to Multiple Tumors.
End of instructions for Single Tumor.
The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

Kidney Multiple Primary Rules - Flowchart

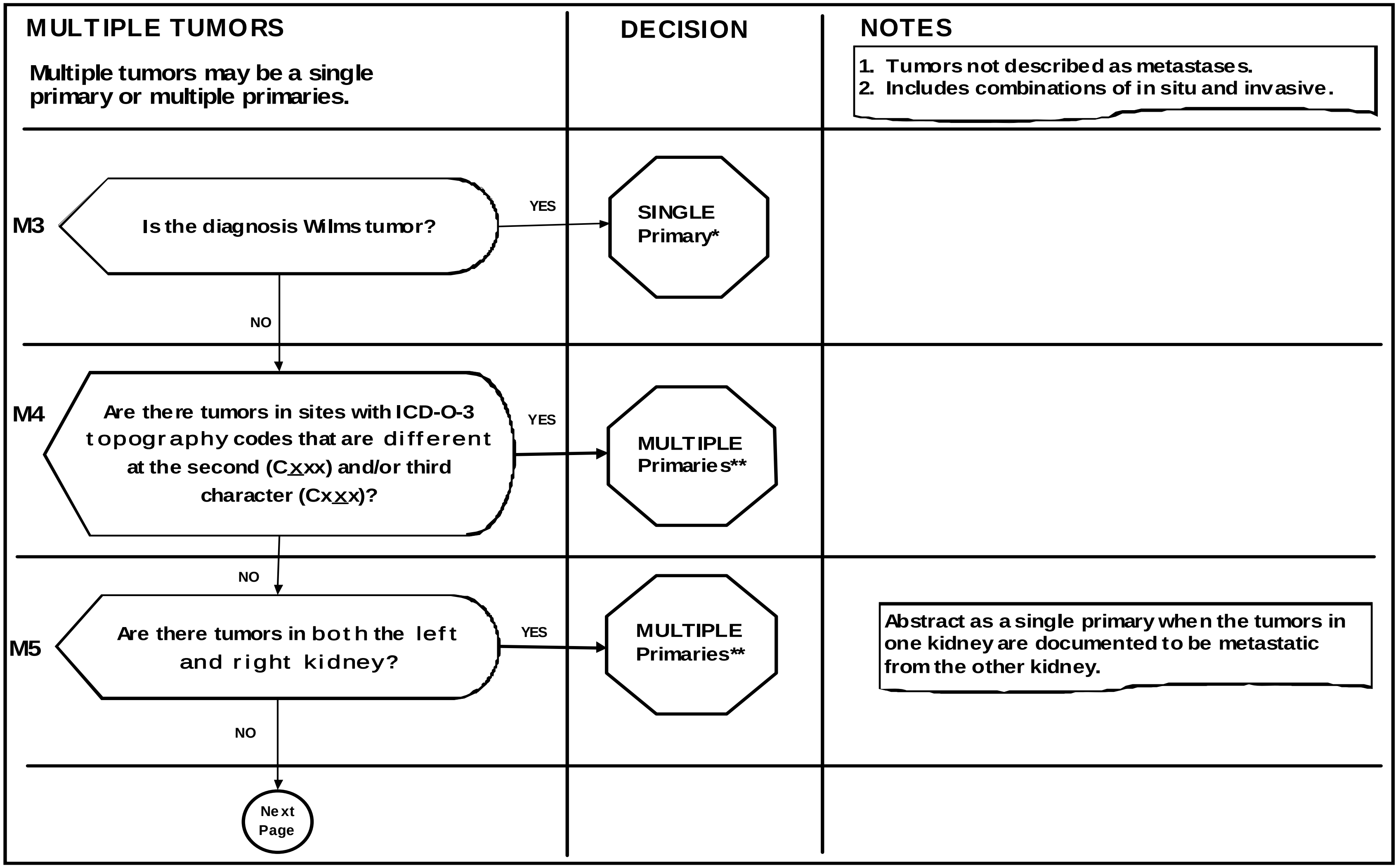
(C649)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS
DECISION
NOTES
M3
YES
NO
M4
YES
NO
M5
YES
NO
Next Page

Multiple tumors may be a single primary or multiple primaries.

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

M3 Is the diagnosis Wilms tumor? YES → SINGLE Primary*

M4 Are there tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third character (Cxxx)? YES → MULTIPLE Primaries**

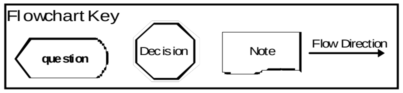
M5 Are there tumors in both the left and right kidney? YES → MULTIPLE Primaries**

Abstract as a single primary when the tumors in one kidney are documented to be metastatic from the other kidney.

Kidney Multiple Primary Rules - Flowchart

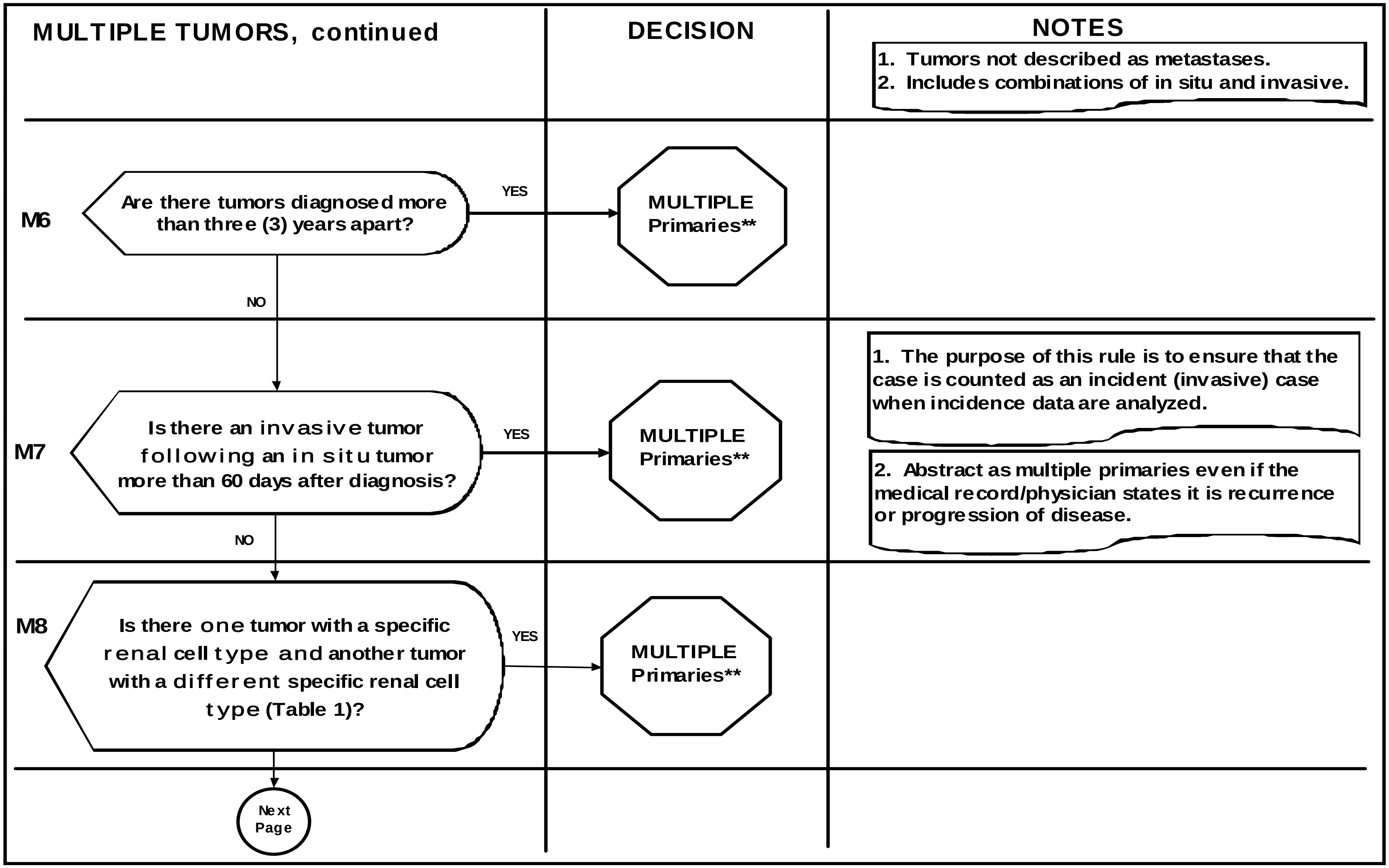
(C649)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS, continued
DECISION
NOTES
M6
Are there tumors diagnosed more than three (3) years apart?
YES
MULTIPLE Primaries**
NO
M7
Is there an invasive tumor following an in situ tumor more than 60 days after diagnosis?
YES
MULTIPLE Primaries**
NO
M8
Is there one tumor with a specific renal cell type and another tumor with a different specific renal cell type (Table 1)?
YES
MULTIPLE Primaries**
Next Page

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

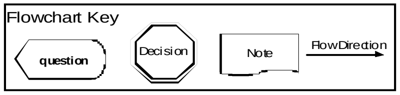
1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.

2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

Kidney Multiple Primary Rules - Flowchart

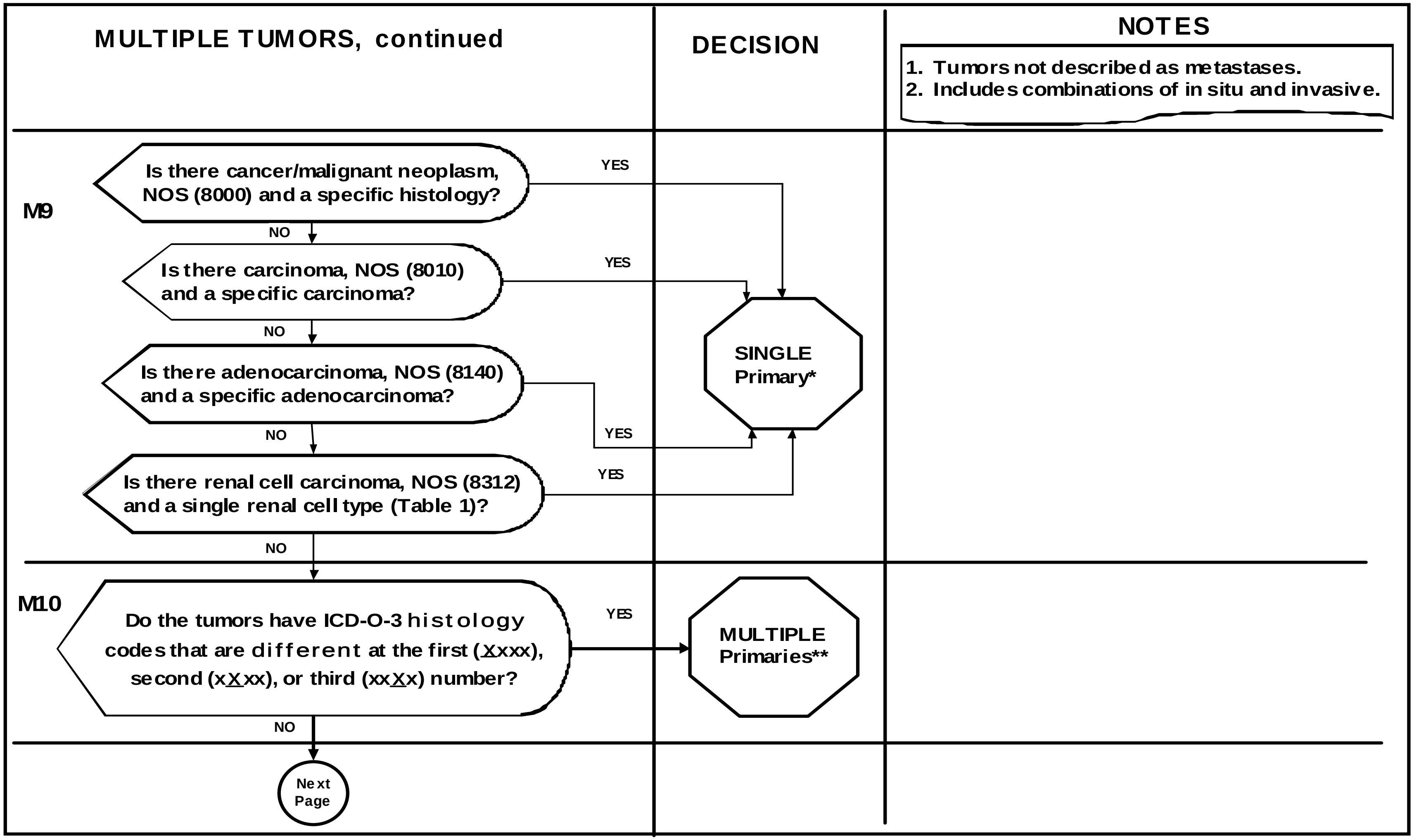
(C649)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

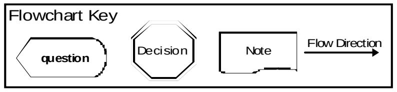
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS, continued
DECISION
NOTES
1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.
M9
Is there cancer/malignant neoplasm, NOS (8000) and a specific histology?
YES
NO
Is there carcinoma, NOS (8010) and a specific carcinoma?
YES
NO
Is there adenocarcinoma, NOS (8140) and a specific adenocarcinoma?
YES
NO
Is there renal cell carcinoma, NOS (8312) and a single renal cell type (Table 1)?
YES
SINGLE Primary*
NO
M10
Do the tumors have ICD-O-3 histology codes that are different at the first (Xxxx), second (xXxx), or third (xxXx) number?
YES
MULTIPLE Primaries**
NO
Next Page

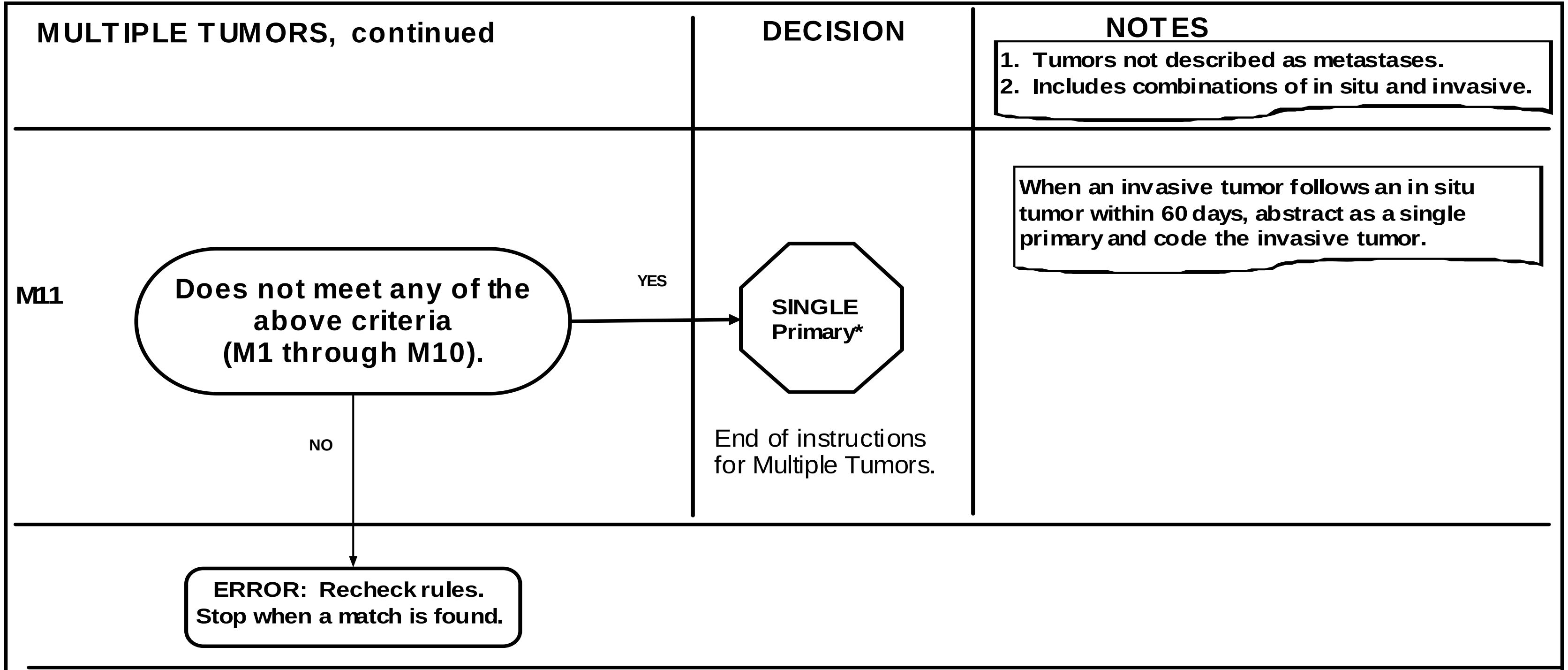
Kidney Multiple Primary Rules - Flowchart

(C649)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

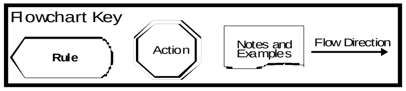

MULTIPLE TUMORS, continued
DECISION
NOTES
1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.
When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary and code the invasive tumor.
M11
Does not meet any of the above criteria (M1 through M10).
YES
SINGLE Primary*
NO
End of instructions for Multiple Tumors.
ERROR: Recheck rules. Stop when a match is found.

Rule M11 Examples: The following are examples of cases that use Rule M11.
This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.
Warning: **Using only these case examples to determine the number of primaries can result in major errors.**

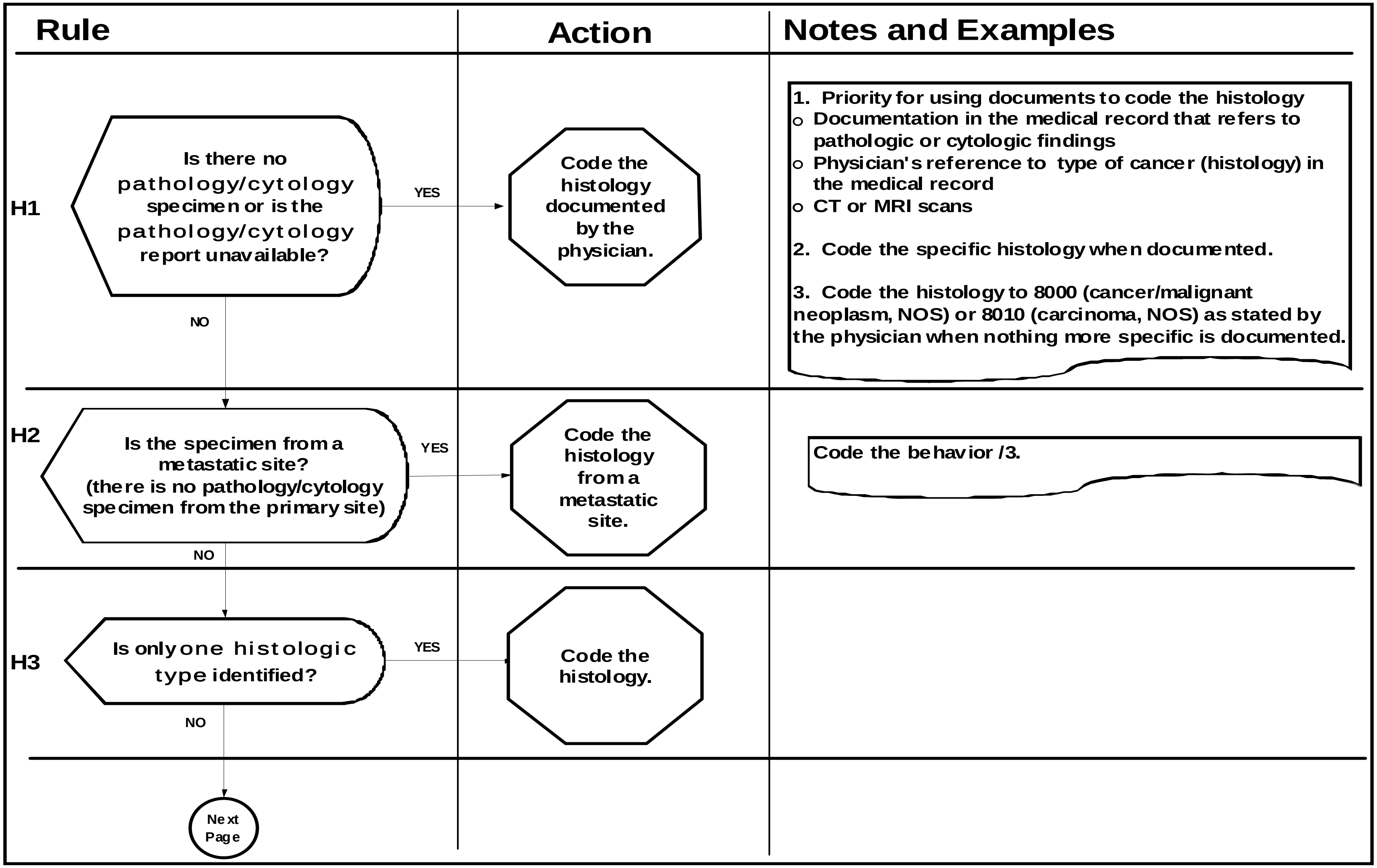
Example 1. Multiple tumors in one kidney with the same histology	Example 2. An in situ and invasive tumor diagnosed within 60 days

Kidney Histology Coding Rules - Flowchart

(C649)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

SINGLE TUMOR


Rule
Action
Notes and Examples
H1
Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?
YES
Code the histology documented by the physician.
NO
H2
Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)
YES
Code the histology from a metastatic site.
NO
H3
Is only one histologic type identified?
YES
Code the histology.
NO
Next Page

1. Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

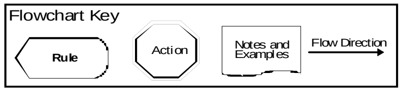
2. Code the specific histology when documented.

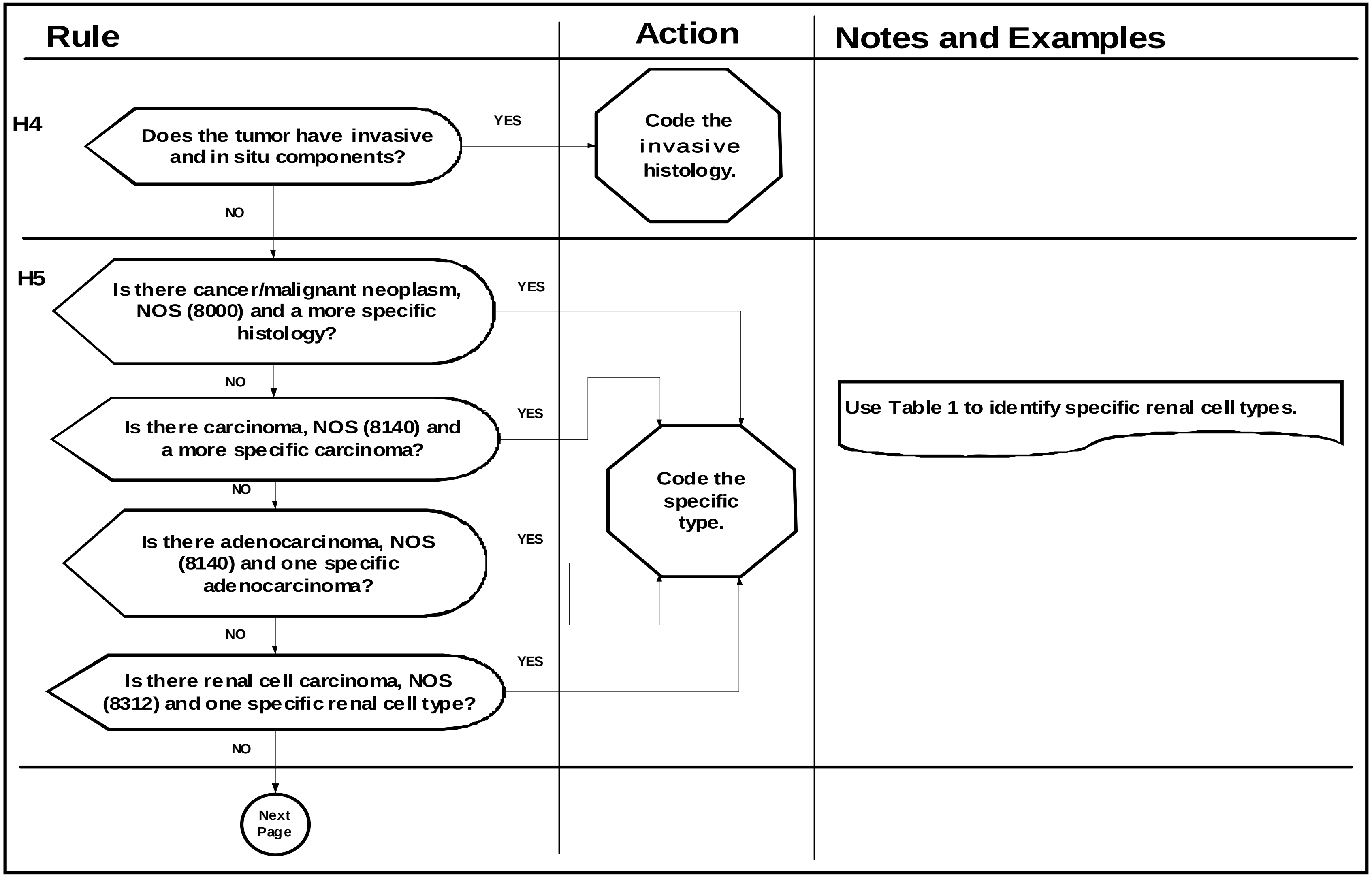
3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Code the behavior /3.

Kidney Histology Coding Rules - Flowchart

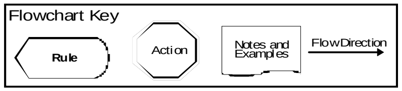
(C649)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

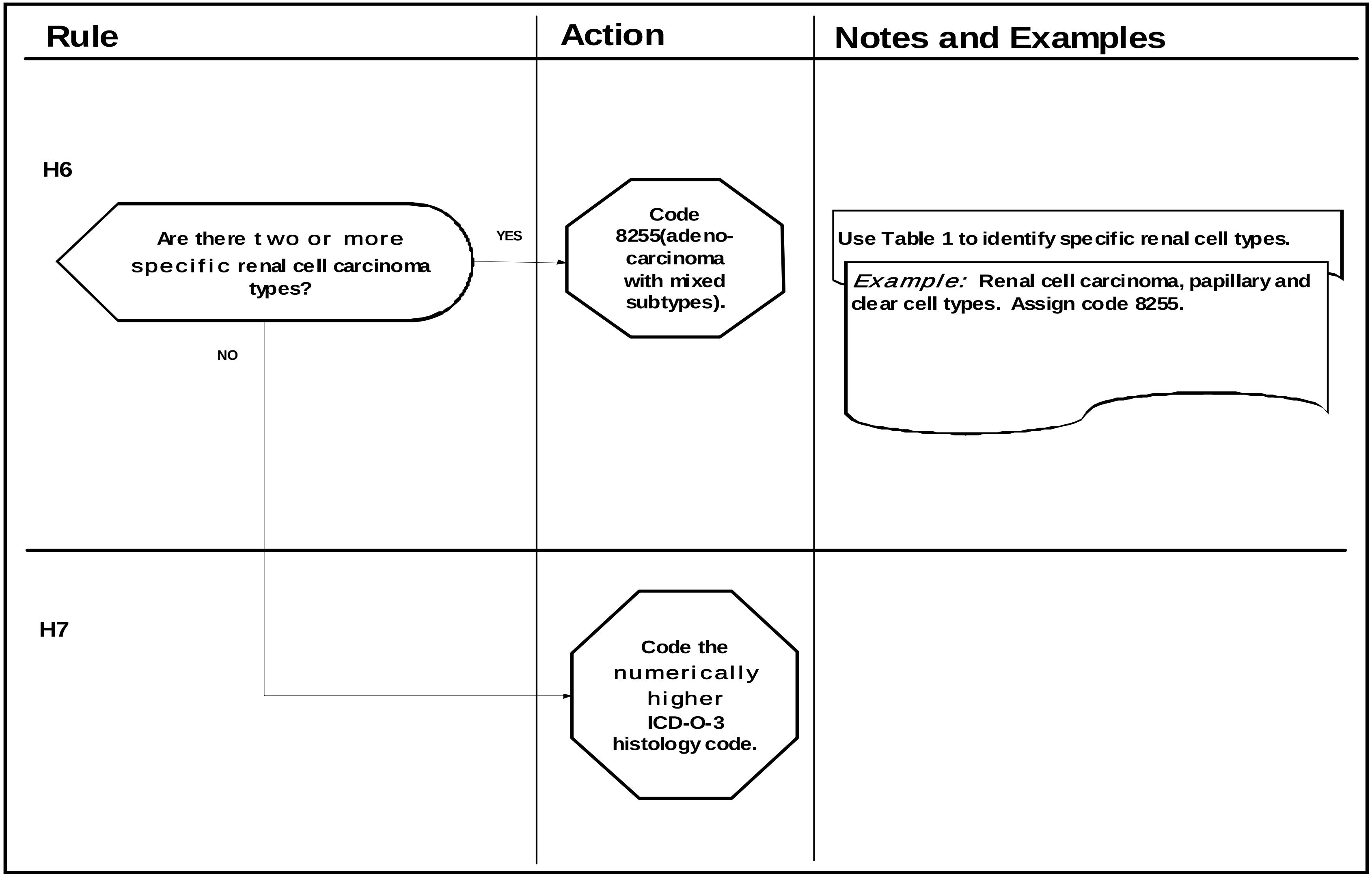

Flowchart Key
Rule
Action
Notes and Examples
Flow Direction


Rule
Action
Notes and Examples
H4
Does the tumor have invasive and in situ components?
YES
Code the invasive histology.
NO
H5
Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology?
YES
NO
Is there carcinoma, NOS (8140) and a more specific carcinoma?
YES
NO
Is there adenocarcinoma, NOS (8140) and one specific adenocarcinoma?
YES
NO
Is there renal cell carcinoma, NOS (8312) and one specific renal cell type?
YES
NO
Code the specific type.
Use Table 1 to identify specific renal cell types.
Next Page

Kidney Histology Coding Rules - Flowchart

(C649)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction


Rule
Action
Notes and Examples
H6
Are there two or more specific renal cell carcinoma types?
YES
Code 8255(adeno-carcinoma with mixed subtypes).
Use Table 1 to identify specific renal cell types.
Example: Renal cell carcinoma, papillary and clear cell types. Assign code 8255.
NO
H7
Code the numerically higher ICD-O-3 histology code.

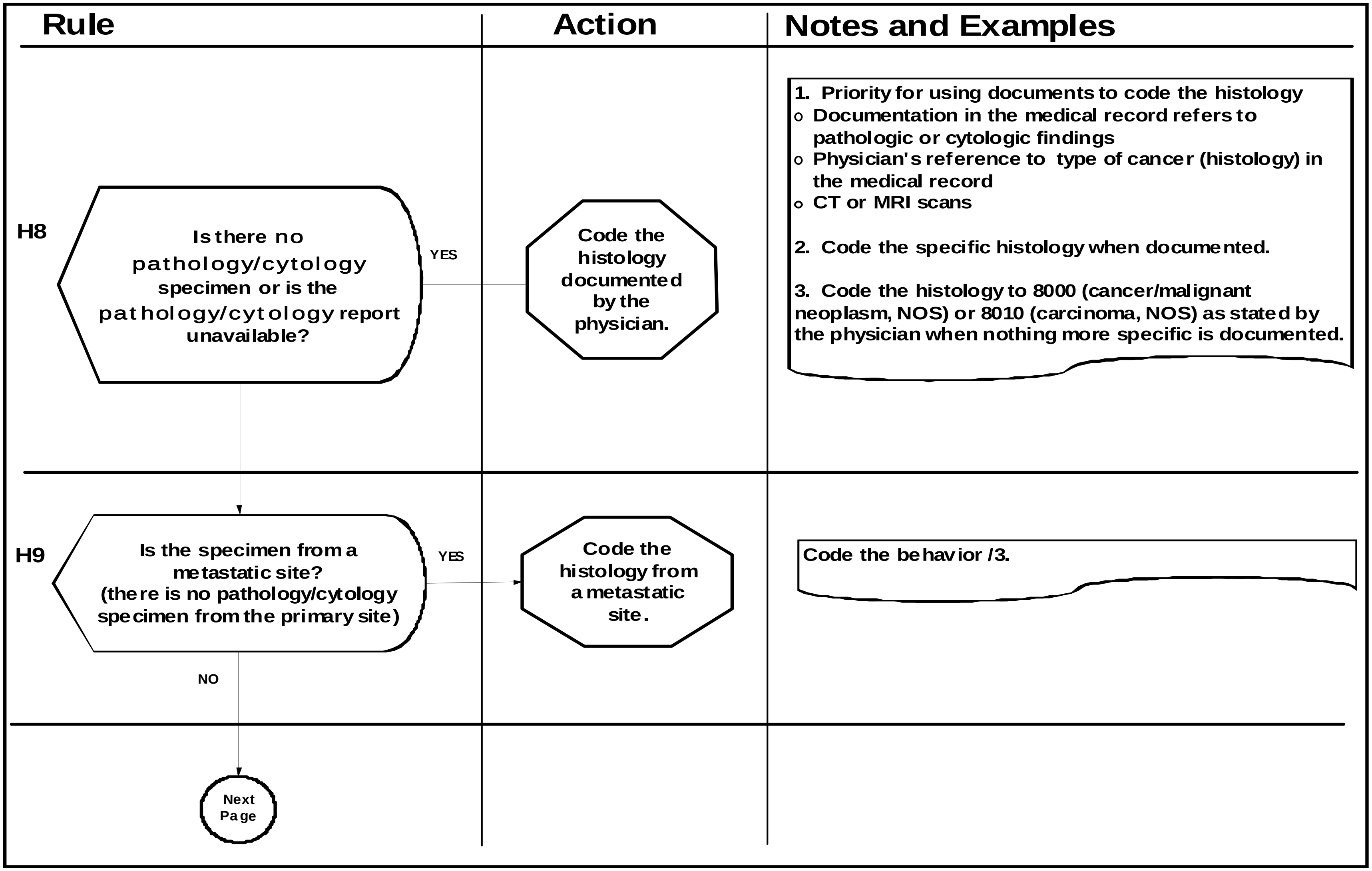
This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

Kidney Histology Coding Rules - Flowchart

(C649)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY


Rule
Action
Notes and Examples
H8
Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?
YES
Code the histology documented by the physician.
H9
Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)
YES
Code the histology from a metastatic site.
NO
Next Page

1. Priority for using documents to code the histology
- Documentation in the medical record refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

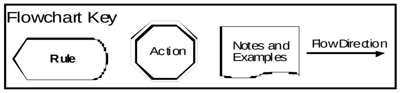
2. Code the specific histology when documented.

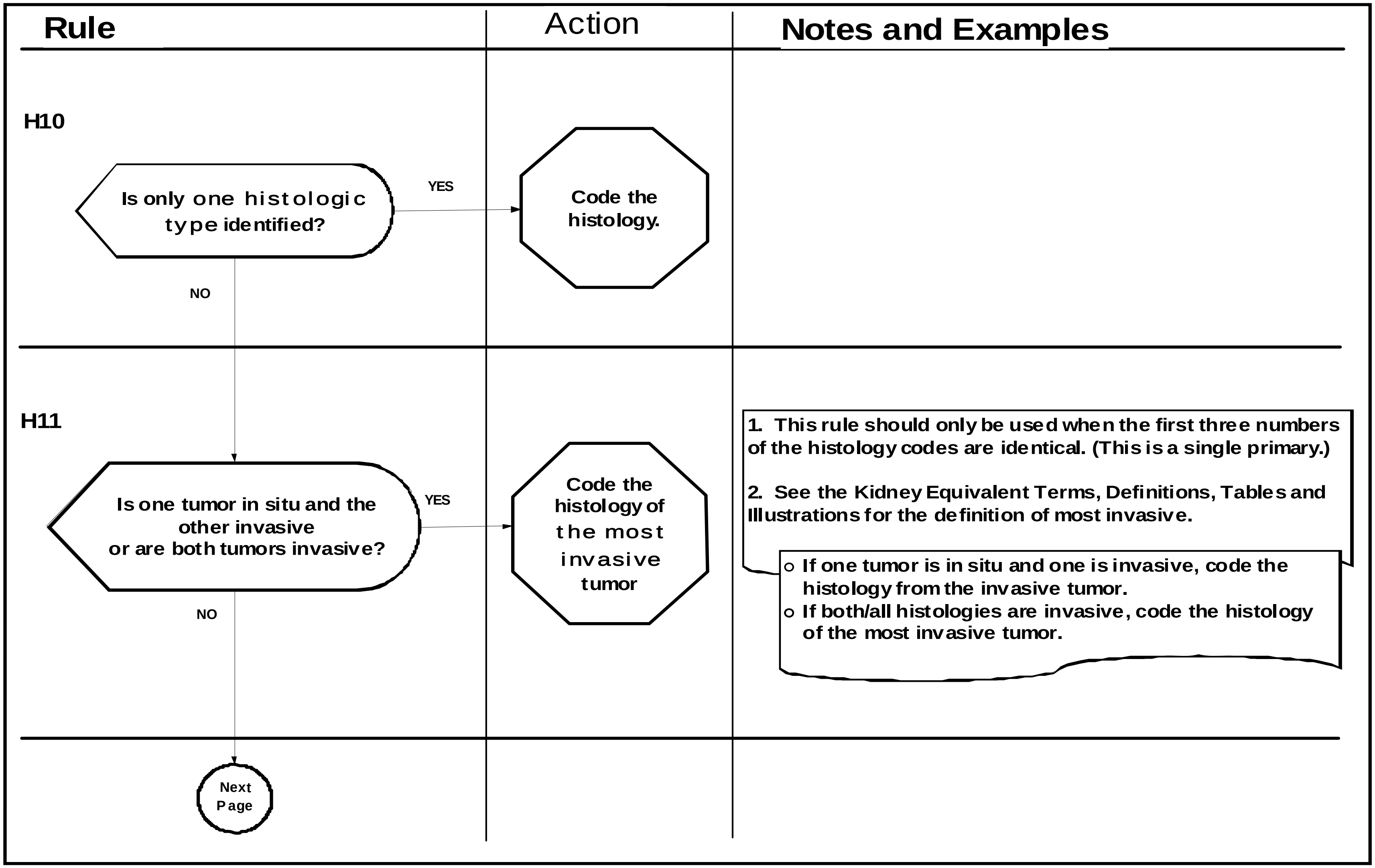
3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Code the behavior /3.

Kidney Histology Coding Rules - Flowchart

(C649)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction


Rule
Action
Notes and Examples
H10
Is only one histologic type identified?
YES
Code the histology.
NO
H11
Is one tumor in situ and the other invasive or are both tumors invasive?
YES
Code the histology of the most invasive tumor
NO
Next Page

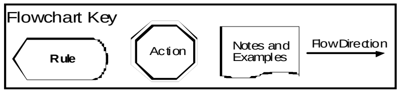
1. This rule should only be used when the first three numbers of the histology codes are identical. (This is a single primary.)

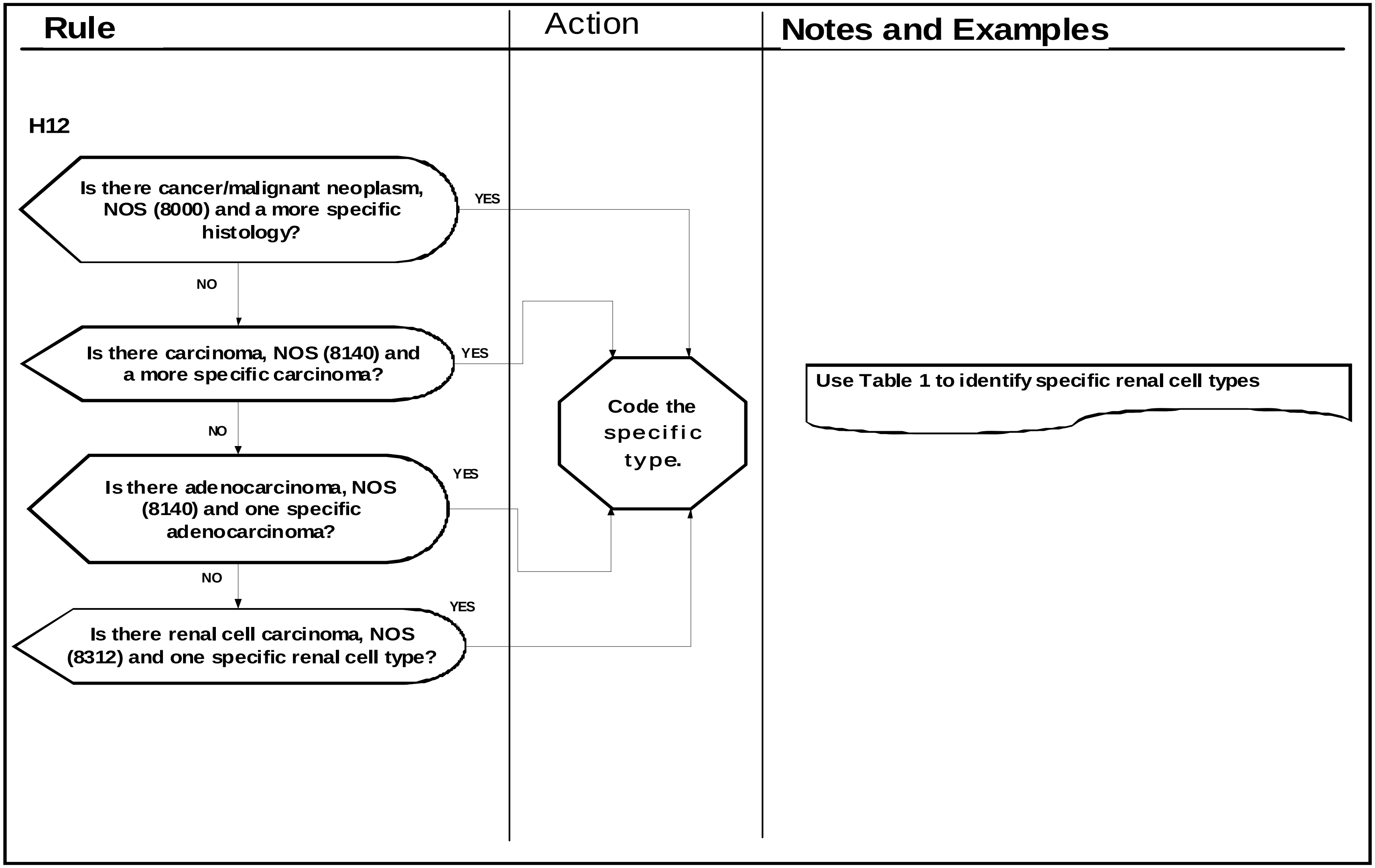
2. See the Kidney Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.

- If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
- If both/all histologies are invasive, code the histology of the most invasive tumor.

Kidney Histology Coding Rules - Flowchart

(C649)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction



Rule | Action | Notes and Examples

H12

Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology?

YES
NO

Is there carcinoma, NOS (8140) and a more specific carcinoma?

YES
NO

Is there adenocarcinoma, NOS (8140) and one specific adenocarcinoma?

YES
NO

Is there renal cell carcinoma, NOS (8312) and one specific renal cell type?

YES

Code the specific type.

Use Table 1 to identify specific renal cell types

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

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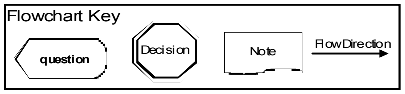
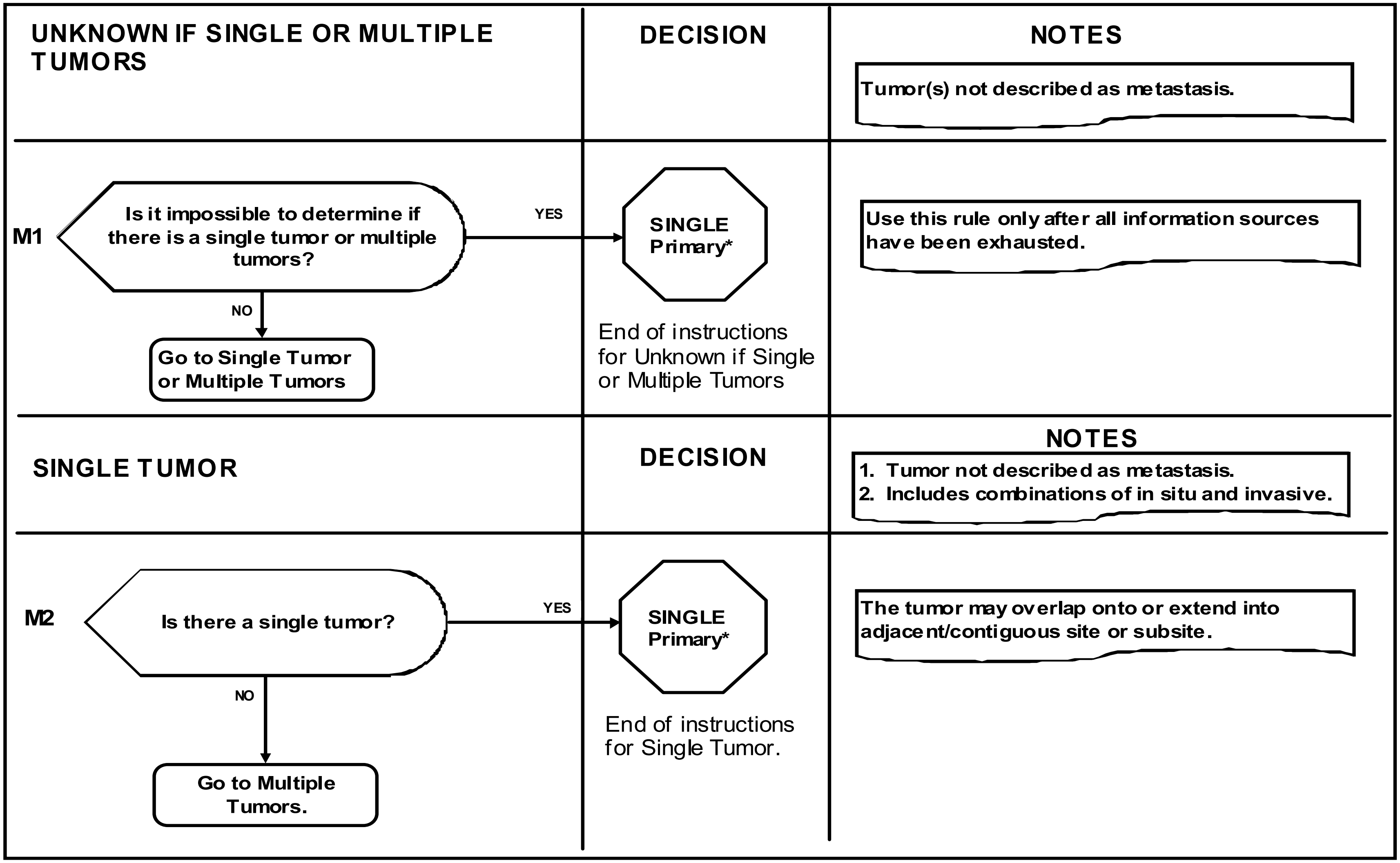
Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

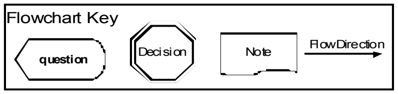
* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


UNKNOWN IF SINGLE OR MULTIPLE TUMORS
DECISION
NOTES
Tumor(s) not described as metastasis.
M1
Is it impossible to determine if there is a single tumor or multiple tumors?
YES
SINGLE Primary*
NO
Go to Single Tumor or Multiple Tumors
End of instructions for Unknown if Single or Multiple Tumors
Use this rule only after all information sources have been exhausted.
SINGLE TUMOR
DECISION
NOTES
1. Tumor not described as metastasis.
2. Includes combinations of in situ and invasive.
M2
Is there a single tumor?
YES
SINGLE Primary*
NO
Go to Multiple Tumors.
End of instructions for Single Tumor.
The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart

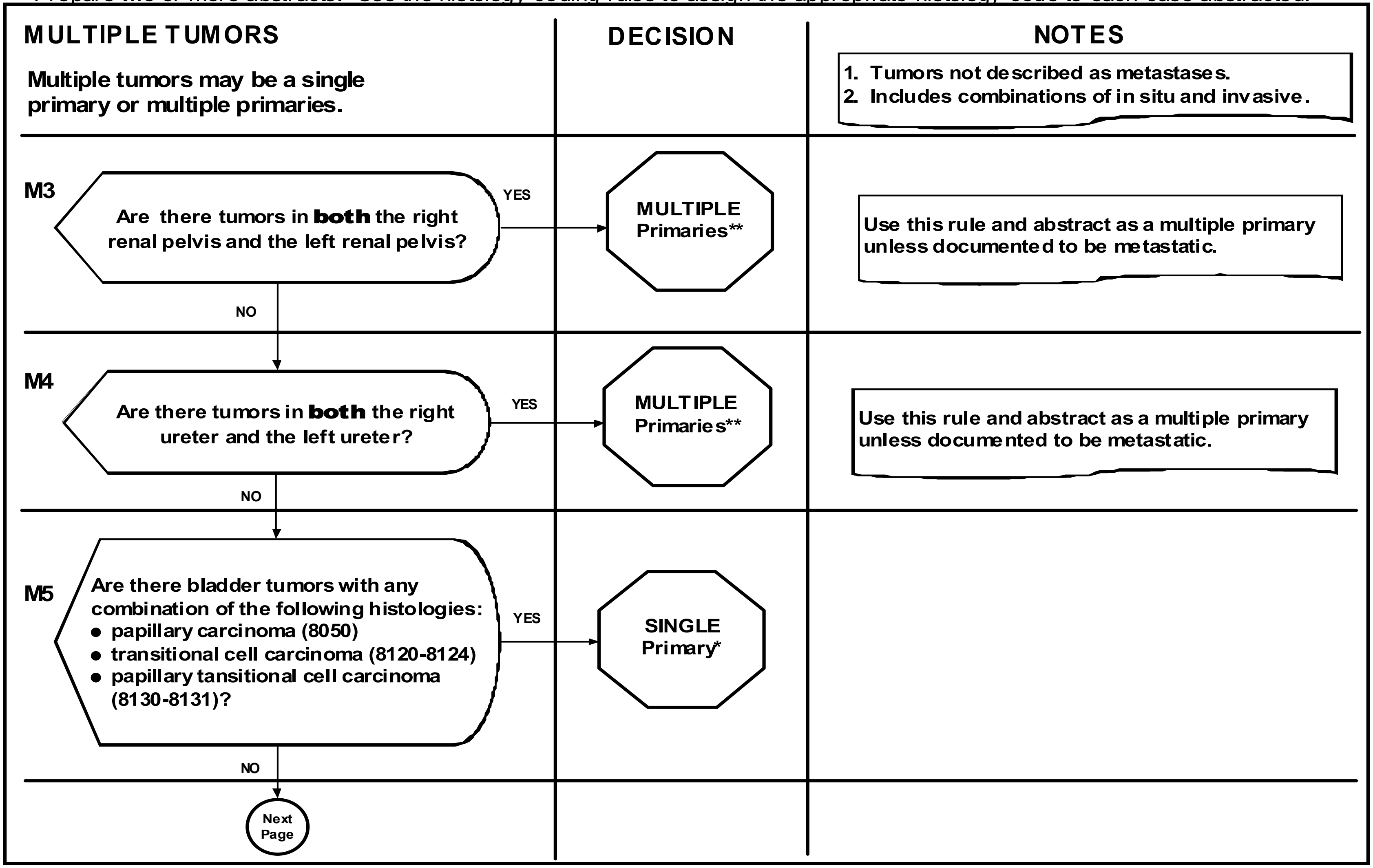
(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS
DECISION
NOTES
M3
YES
NO
MULTIPLE Primaries**
M4
YES
NO
MULTIPLE Primaries**
M5
YES
NO
SINGLE Primary*
Next Page

Multiple tumors may be a single primary or multiple primaries.

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

M3 Are there tumors in **both** the right renal pelvis and the left renal pelvis?

Use this rule and abstract as a multiple primary unless documented to be metastatic.

M4 Are there tumors in **both** the right ureter and the left ureter?

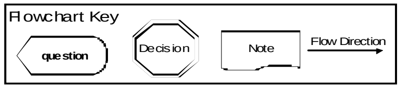
Use this rule and abstract as a multiple primary unless documented to be metastatic.

M5 Are there bladder tumors with any combination of the following histologies:

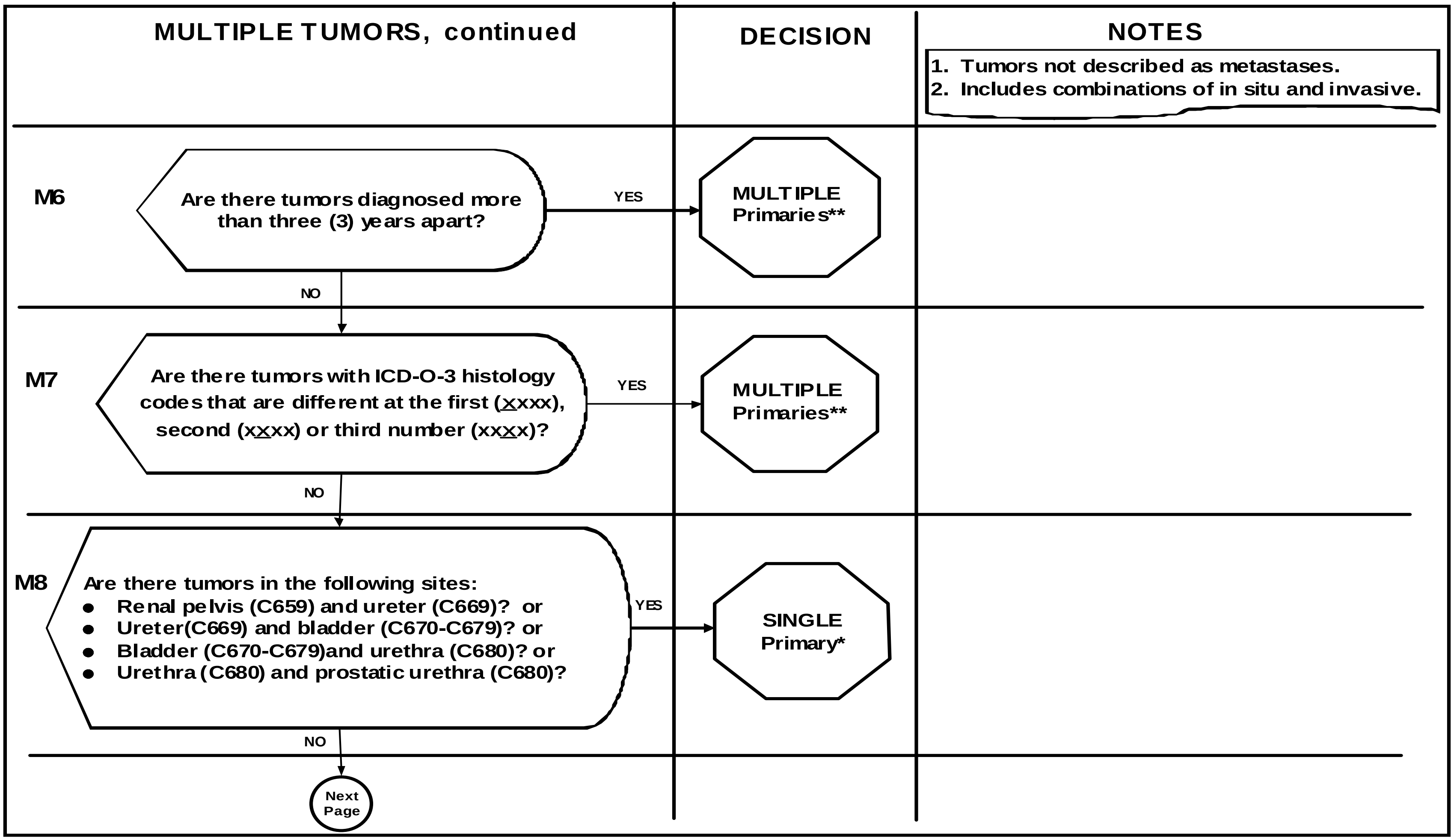
- papillary carcinoma (8050)
- transitional cell carcinoma (8120-8124)
- papillary tansitional cell carcinoma (8130-8131)?

Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

*   Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS, continued
DECISION
NOTES
M6
YES
NO
M7
YES
NO
M8
YES
NO
Next Page

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

M6 Are there tumors diagnosed more than three (3) years apart? YES: MULTIPLE Primaries**

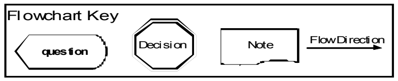
M7 Are there tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third number (xxxx)? YES: MULTIPLE Primaries**

M8 Are there tumors in the following sites:
- Renal pelvis (C659) and ureter (C669)? or
- Ureter(C669) and bladder (C670-C679)? or
- Bladder (C670-C679)and urethra (C680)? or
- Urethra (C680) and prostatic urethra (C680)?

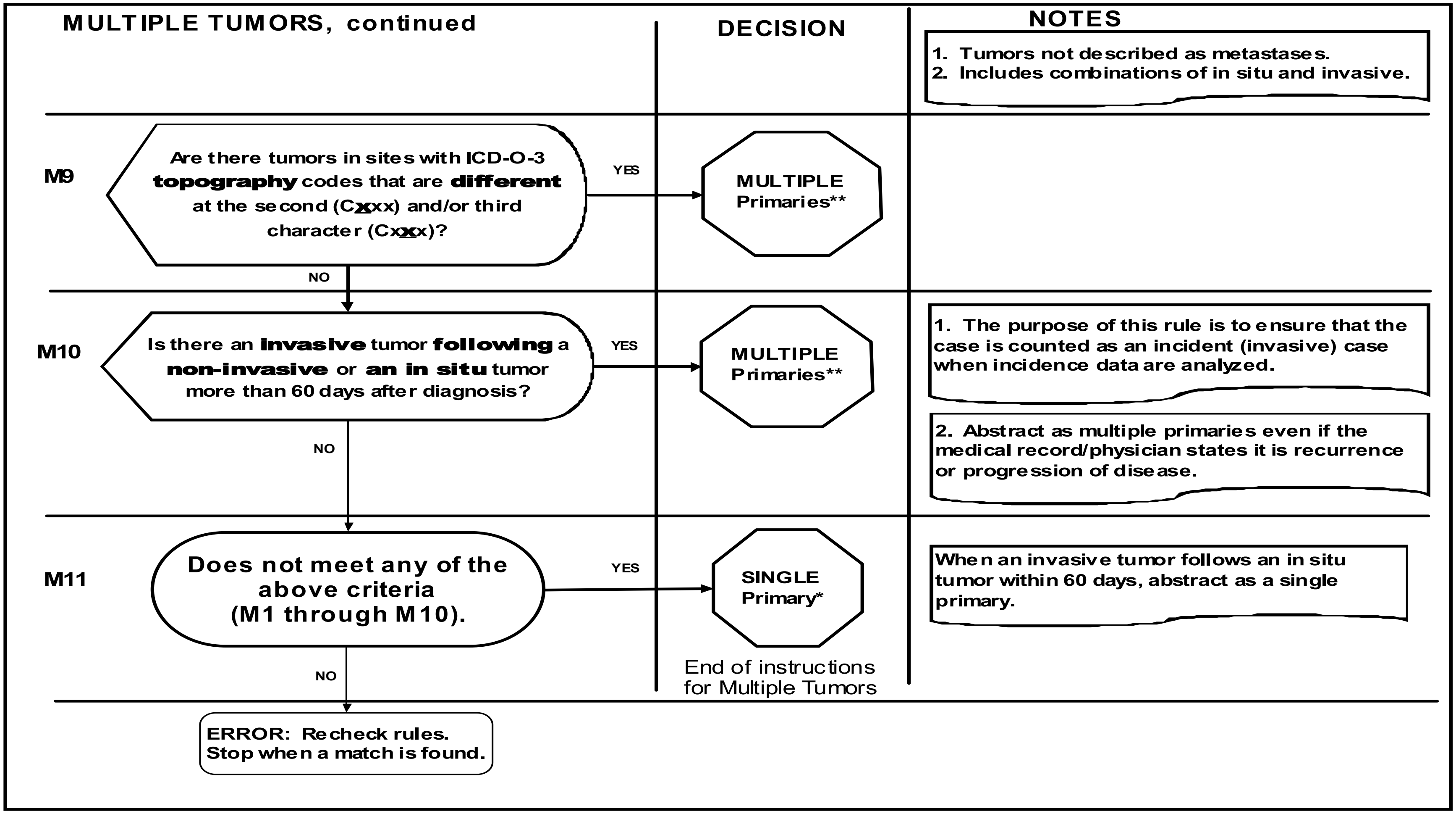
YES: SINGLE Primary*

Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS, continued
DECISION
NOTES
M9
YES
NO
MULTIPLE Primaries**
M10
YES
NO
MULTIPLE Primaries**
M11
YES
NO
SINGLE Primary*

NOTES:
1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

M9: Are there tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (Cxxx) and/or third character (Cxxx)?
YES → MULTIPLE Primaries**

M10: Is there an **invasive** tumor **following** a **non-invasive** or **an in situ** tumor more than 60 days after diagnosis?
YES → MULTIPLE Primaries**

1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.

2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

M11: Does not meet any of the above criteria (M1 through M10).
YES → SINGLE Primary*

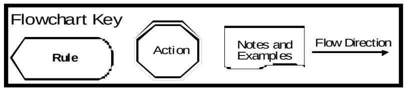
End of instructions for Multiple Tumors

When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

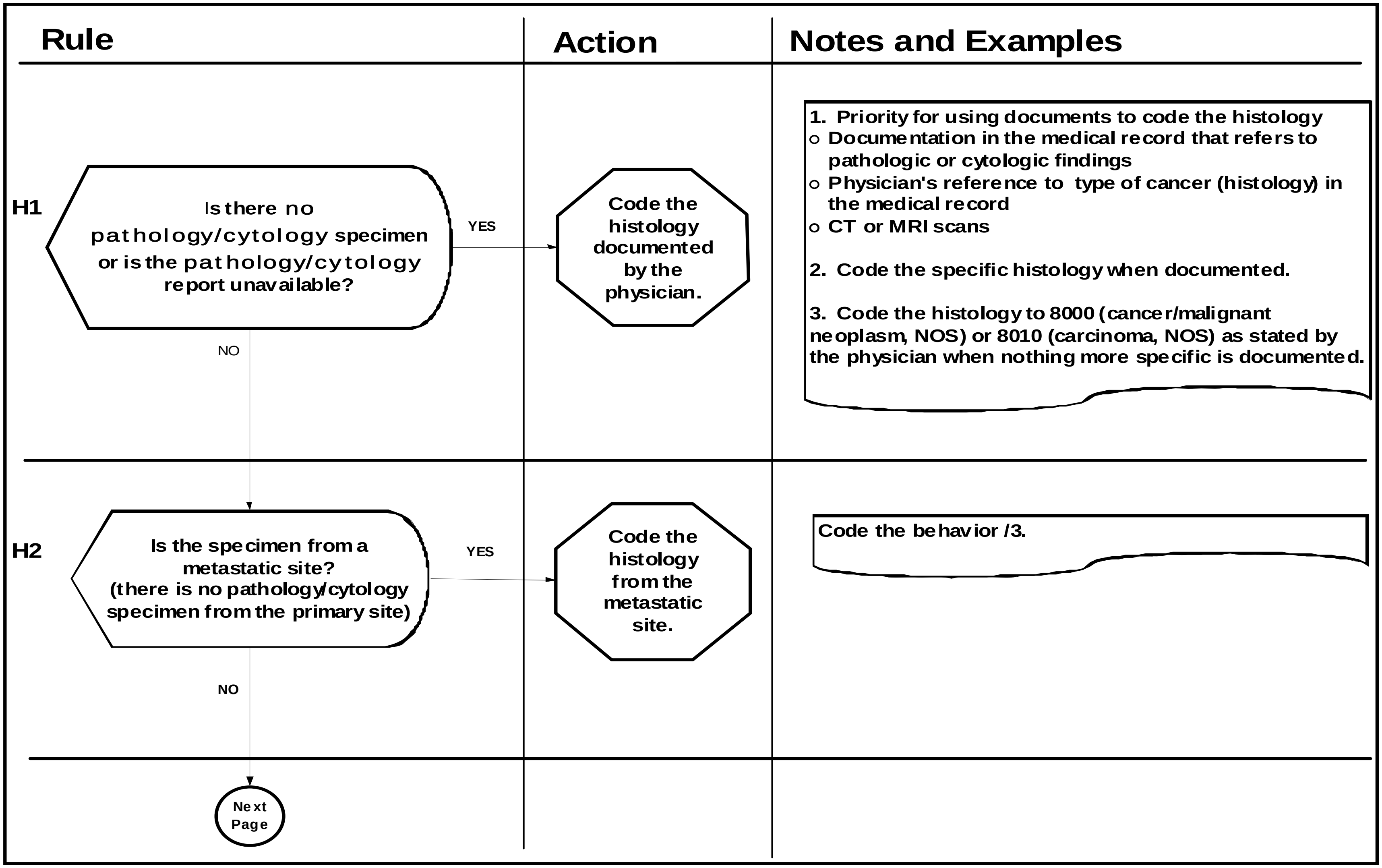
ERROR: Recheck rules. Stop when a match is found.

Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

SINGLE TUMOR


Rule
Action
Notes and Examples
H1
YES
NO
H2
YES
NO
Next Page

H1 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?

YES: Code the histology documented by the physician.

1. Priority for using documents to code the histology
- o Documentation in the medical record that refers to pathologic or cytologic findings
- o Physician's reference to type of cancer (histology) in the medical record
- o CT or MRI scans

2. Code the specific histology when documented.

3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

NO

H2 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)

YES: Code the histology from the metastatic site.

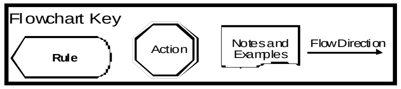
Code the behavior /3.

NO

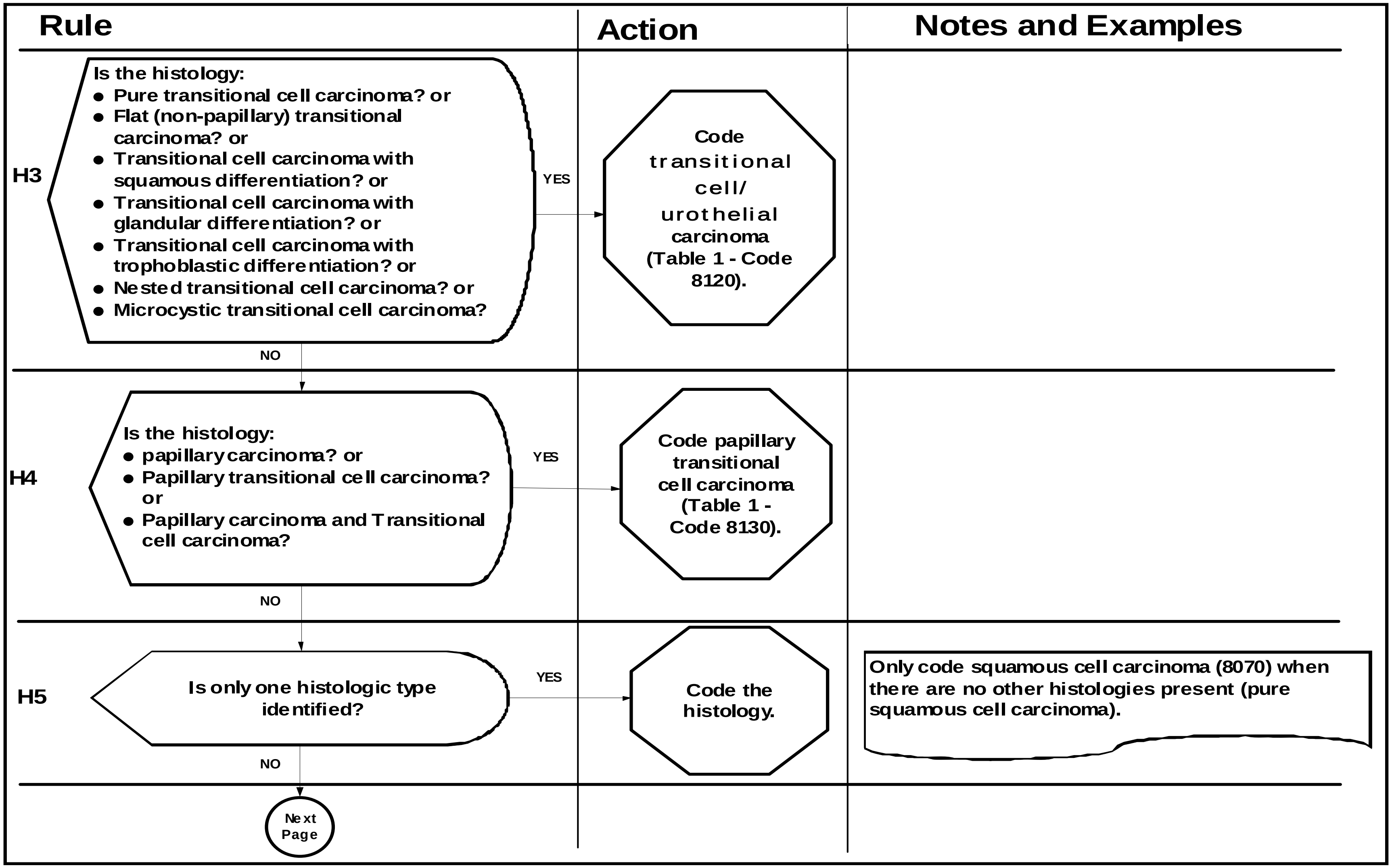
Next Page

Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



SINGLE TUMOR



H3 Is the histology:
- Pure transitional cell carcinoma? or
- Flat (non-papillary) transitional carcinoma? or
- Transitional cell carcinoma with squamous differentiation? or
- Transitional cell carcinoma with glandular differentiation? or
- Transitional cell carcinoma with trophoblastic differentiation? or
- Nested transitional cell carcinoma? or
- Microcystic transitional cell carcinoma?

YES: Code transitional cell/ urothelial carcinoma (Table 1 - Code 8120).

H4 Is the histology:
- papillary carcinoma? or
- Papillary transitional cell carcinoma? or
- Papillary carcinoma and Transitional cell carcinoma?

YES: Code papillary transitional cell carcinoma (Table 1 - Code 8130).

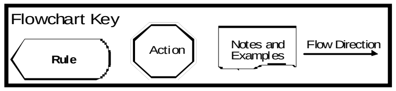
H5 Is only one histologic type identified?

YES: Code the histology.

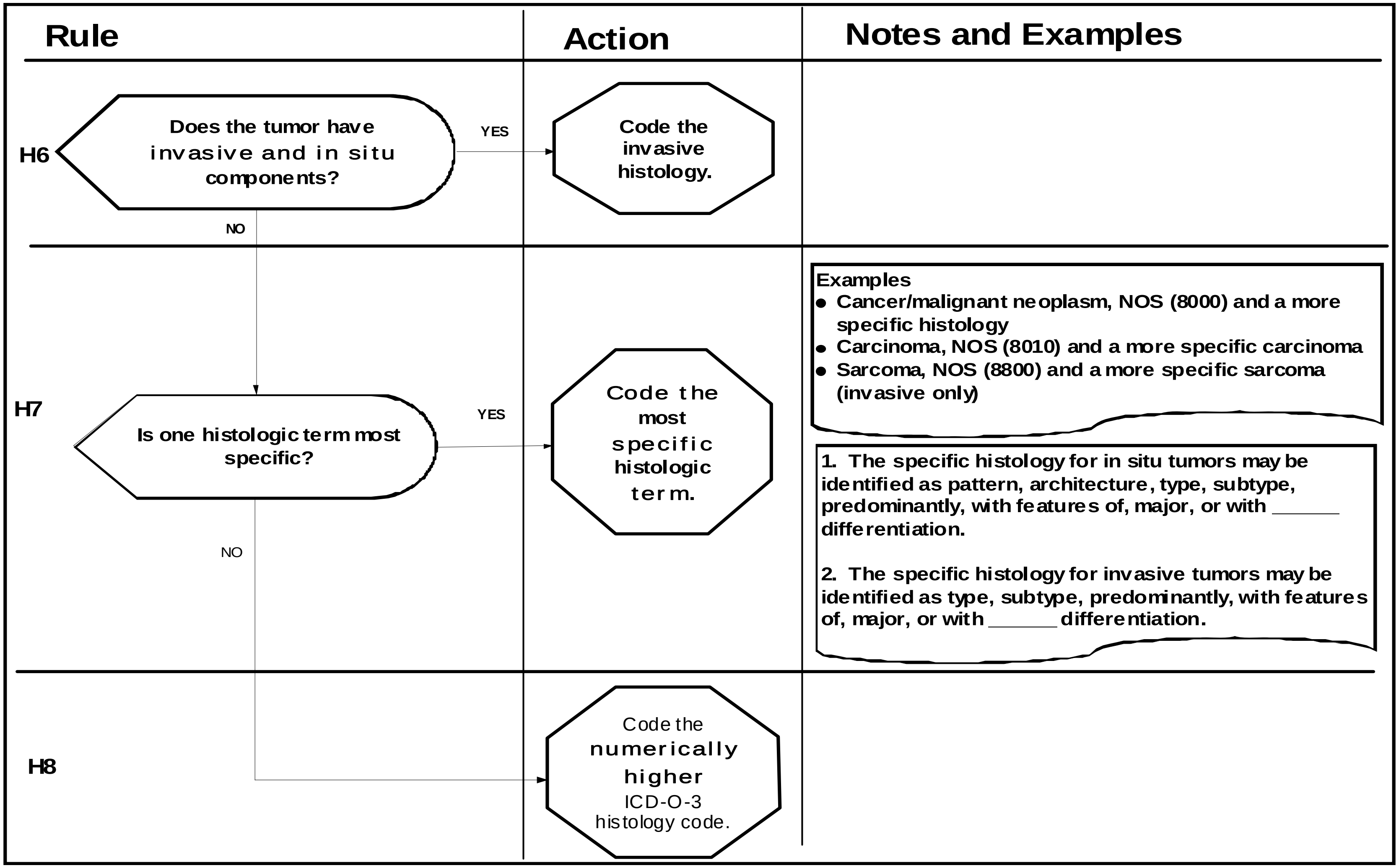
Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).

Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

SINGLE TUMOR


Rule
Action
Notes and Examples
H6
Does the tumor have invasive and in situ components?
YES
Code the invasive histology.
NO
H7
Is one histologic term most specific?
YES
Code the most specific histologic term.
NO
H8
Code the numerically higher ICD-O-3 histology code.

Examples
- Cancer/malignant neoplasm, NOS (8000) and a more specific histology
- Carcinoma, NOS (8010) and a more specific carcinoma
- Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)

1. The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ______ differentiation.

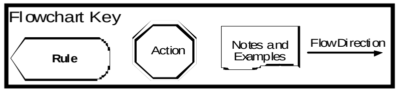
2. The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ______ differentiation.

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

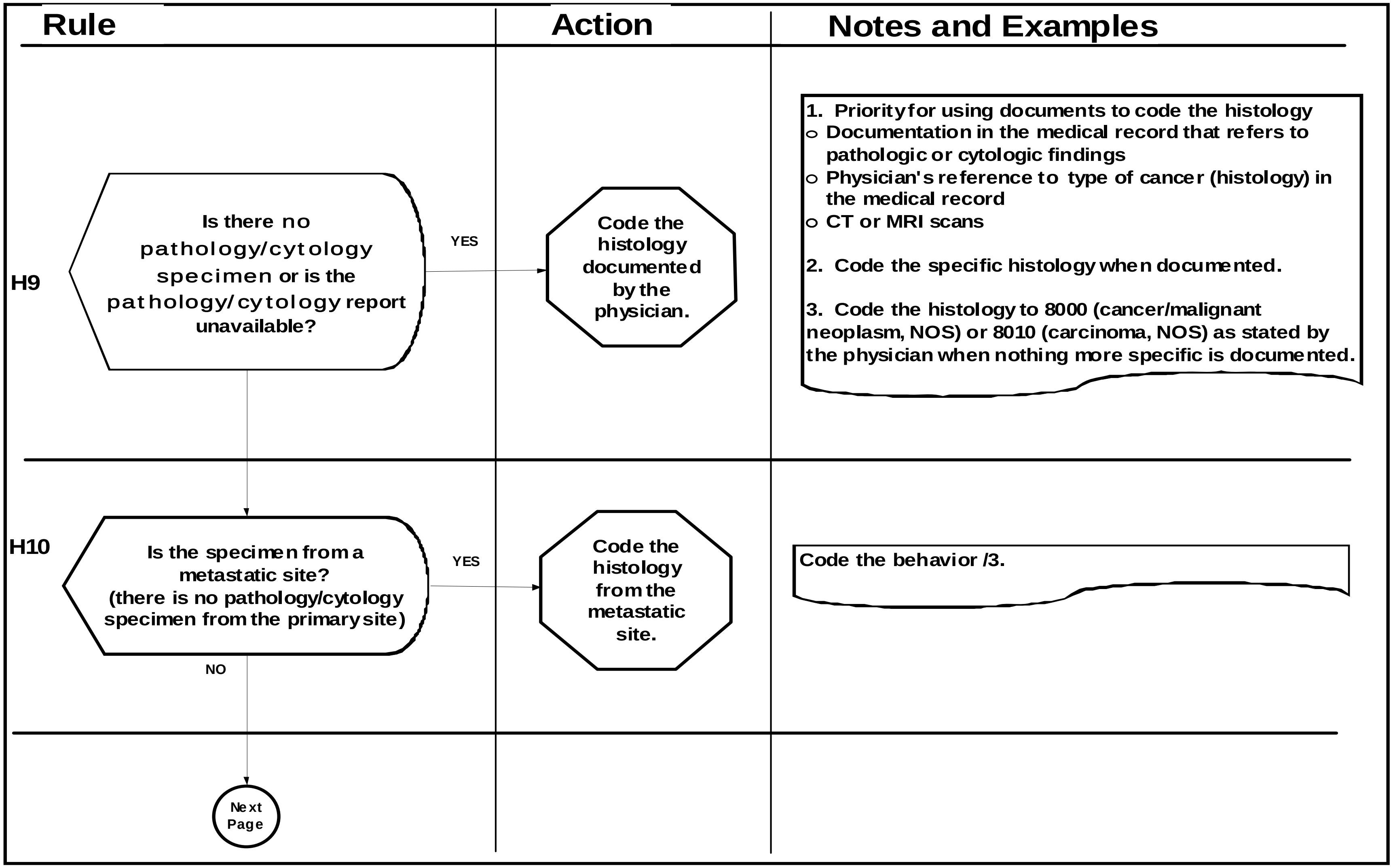
Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY


Rule
Action
Notes and Examples
H9
Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?
YES
Code the histology documented by the physician.
H10
Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)
YES
Code the histology from the metastatic site.
NO
Next Page

1. Priority for using documents to code the histology
   - Documentation in the medical record that refers to pathologic or cytologic findings
   - Physician's reference to type of cancer (histology) in the medical record
   - CT or MRI scans

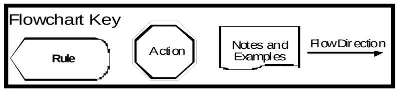
2. Code the specific histology when documented.

3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

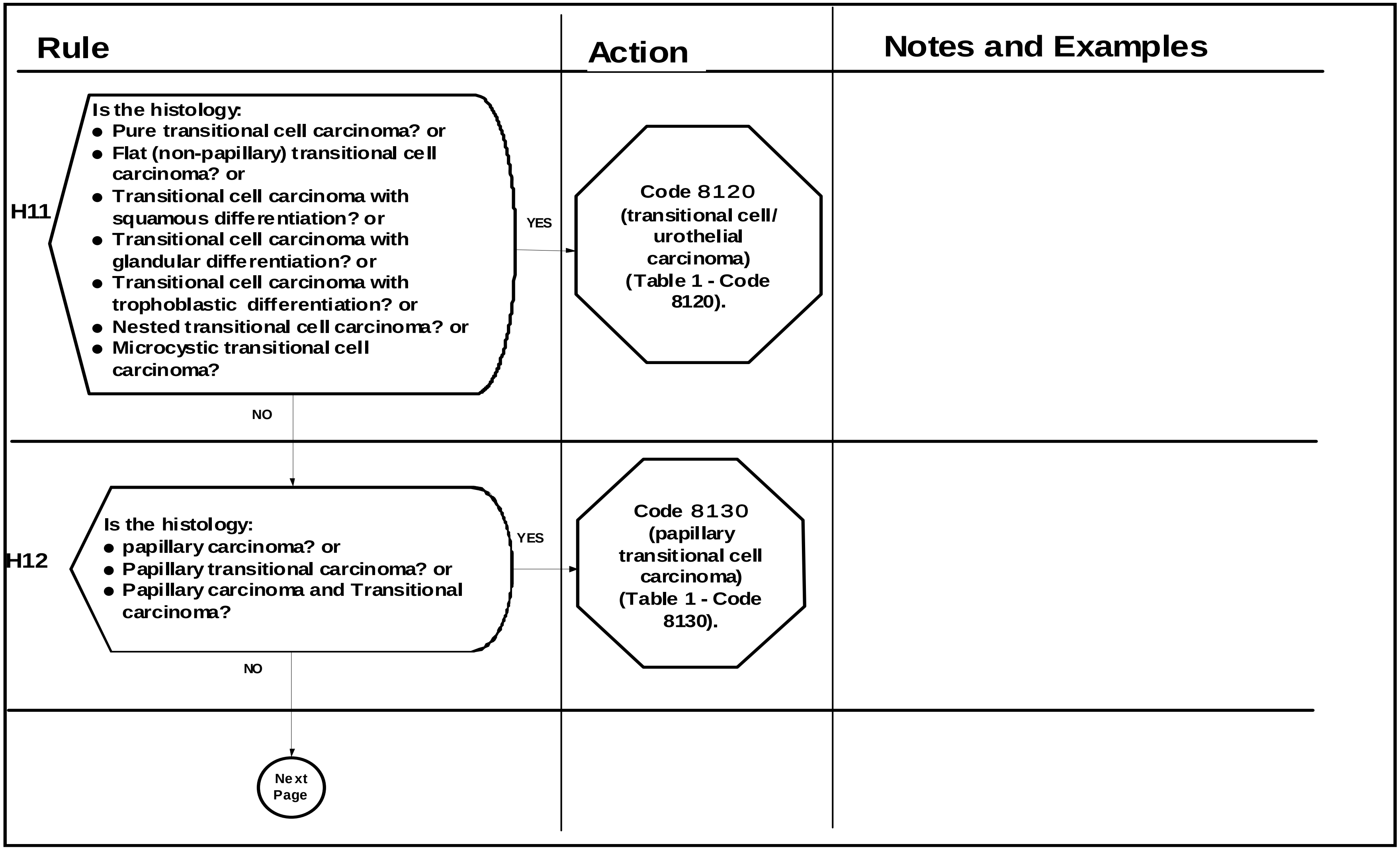
Code the behavior /3.

Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY


Rule
Action
Notes and Examples
H11
YES
NO
H12
YES
NO
Next Page

H11 Is the histology:
- Pure transitional cell carcinoma? or
- Flat (non-papillary) transitional cell carcinoma? or
- Transitional cell carcinoma with squamous differentiation? or
- Transitional cell carcinoma with glandular differentiation? or
- Transitional cell carcinoma with trophoblastic differentiation? or
- Nested transitional cell carcinoma? or
- Microcystic transitional cell carcinoma?

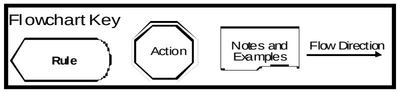
YES: Code 8120 (transitional cell/ urothelial carcinoma) (Table 1 - Code 8120).

H12 Is the histology:
- papillary carcinoma? or
- Papillary transitional carcinoma? or
- Papillary carcinoma and Transitional carcinoma?

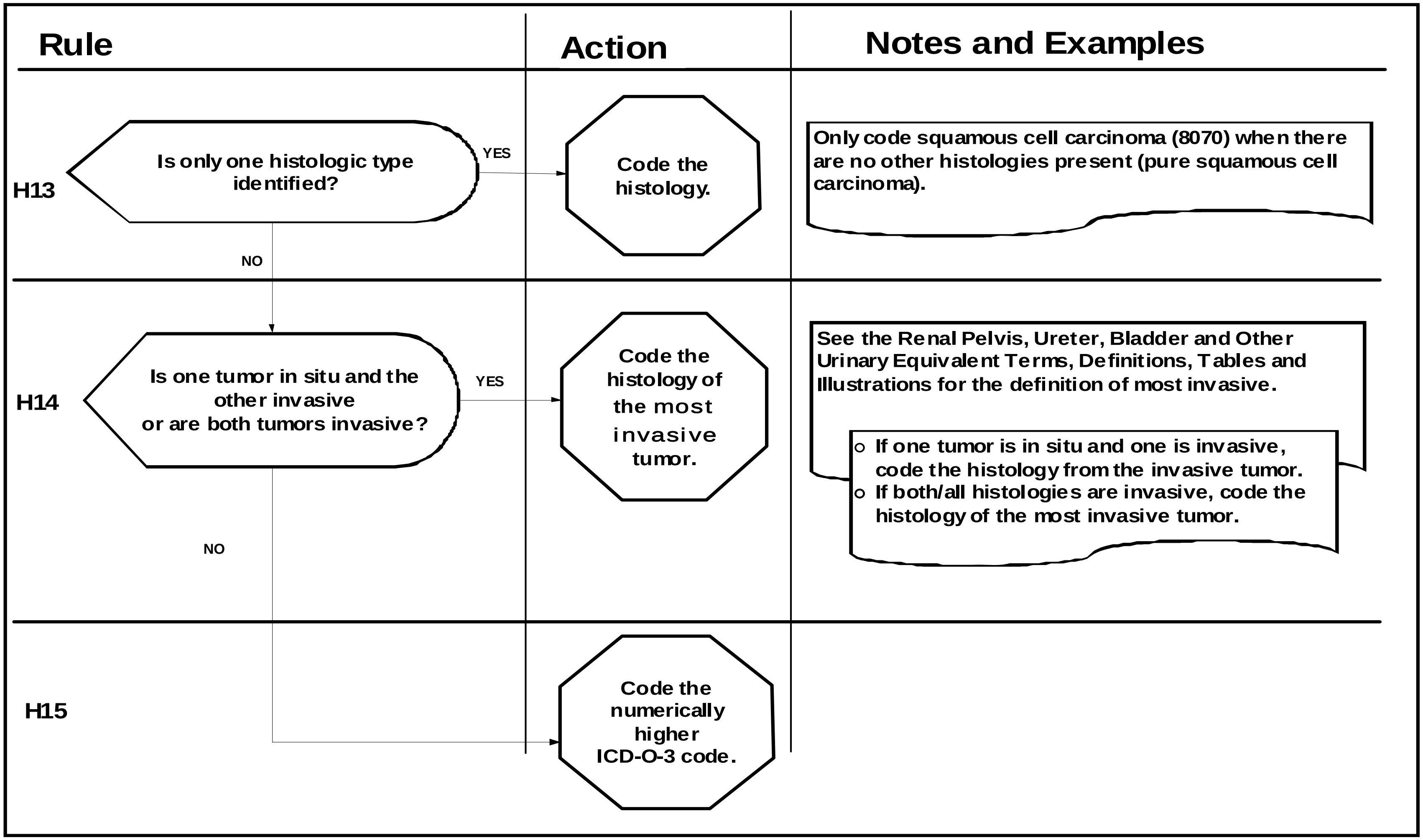
YES: Code 8130 (papillary transitional cell carcinoma) (Table 1 - Code 8130).

Renal Pelvis, Ureter, Bladder and Other Urinary Histology Coding Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY


Rule
Action
Notes and Examples
H13
Is only one histologic type identified?
YES
Code the histology.
NO
H14
Is one tumor in situ and the other invasive or are both tumors invasive?
YES
Code the histology of the most invasive tumor.
NO
H15
Code the numerically higher ICD-O-3 code.

Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).

See the Renal Pelvis, Ureter, Bladder and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.

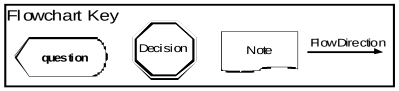
- If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
- If both/all histologies are invasive, code the histology of the most invasive tumor.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

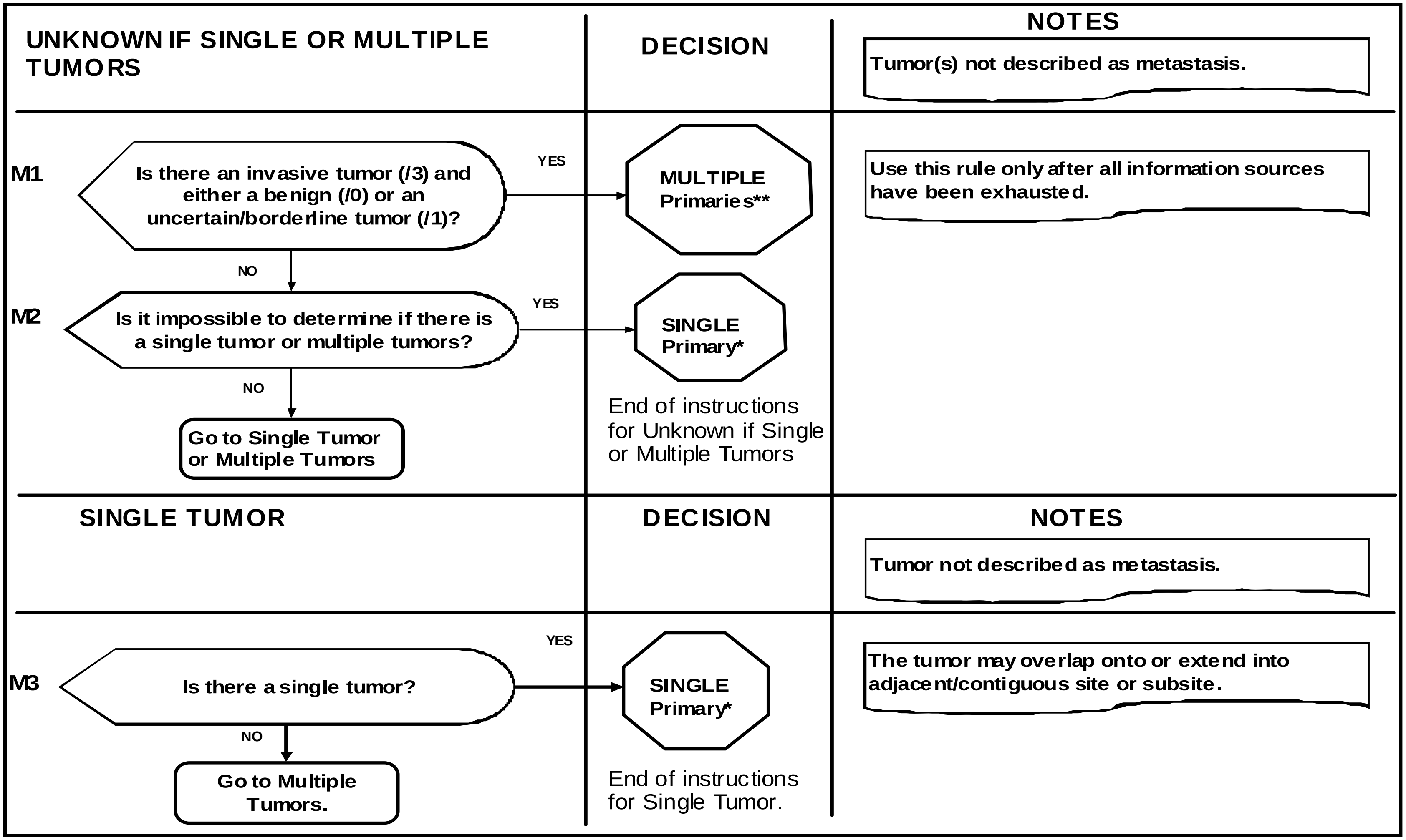
Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)
Note: Benign and borderline intracranial and CNS tumors have a separate set of rules.


Flowchart Key
question
Decision
Note
Flow Direction

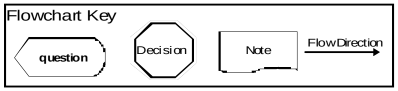
* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


UNKNOWN IF SINGLE OR MULTIPLE TUMORS
DECISION
NOTES
Tumor(s) not described as metastasis.
M1
Is there an invasive tumor (/3) and either a benign (/0) or an uncertain/borderline tumor (/1)?
YES
MULTIPLE Primaries**
Use this rule only after all information sources have been exhausted.
NO
M2
Is it impossible to determine if there is a single tumor or multiple tumors?
YES
SINGLE Primary*
NO
Go to Single Tumor or Multiple Tumors
End of instructions for Unknown if Single or Multiple Tumors
SINGLE TUMOR
DECISION
NOTES
Tumor not described as metastasis.
M3
Is there a single tumor?
YES
SINGLE Primary*
The tumor may overlap onto or extend into adjacent/contiguous site or subsite.
NO
Go to Multiple Tumors.
End of instructions for Single Tumor.

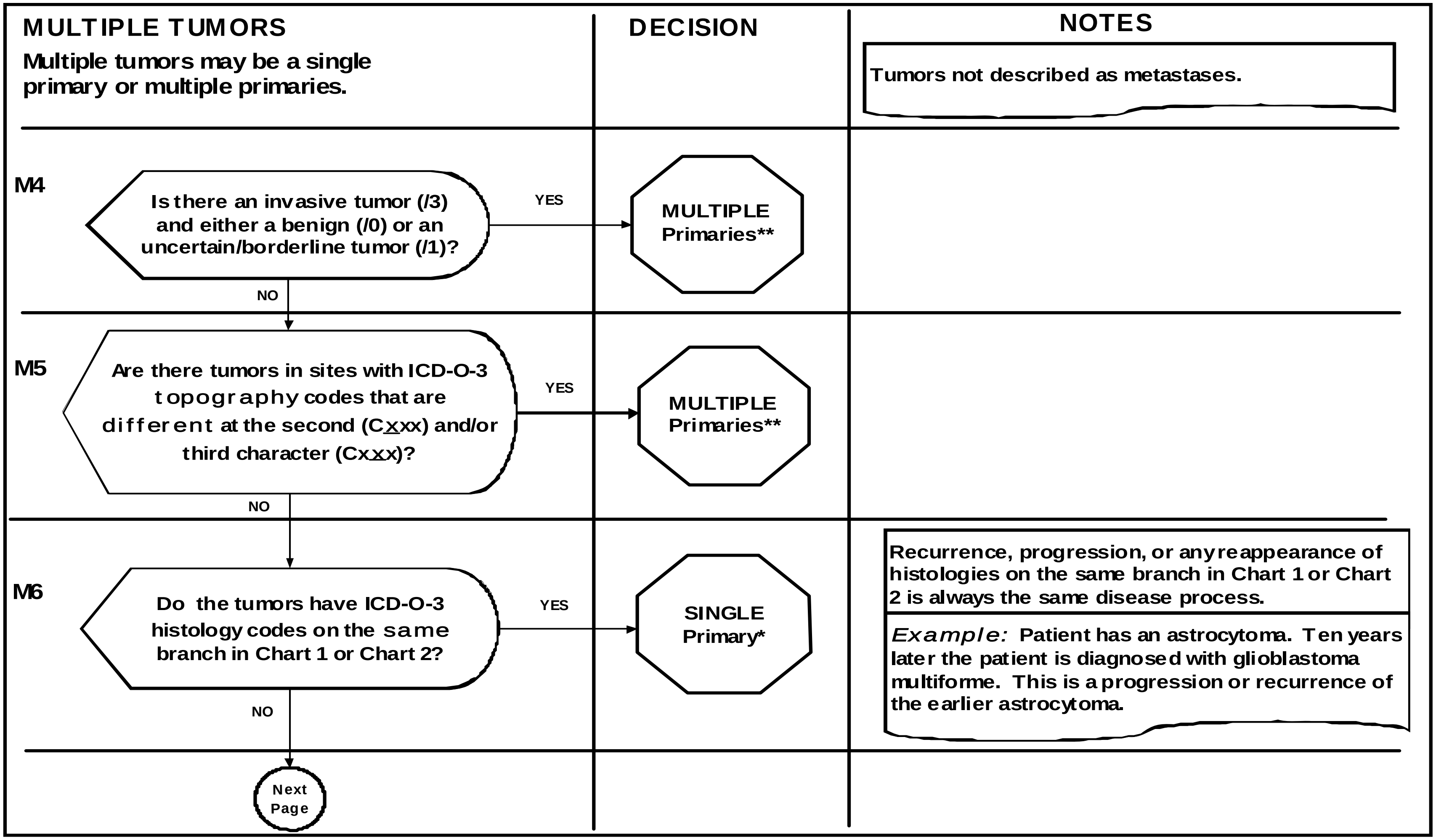
Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)
Note: Benign and borderline intracranial and CNS tumors have separate set of rules.



* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.

Tumors not described as metastases.

M4 Is there an invasive tumor (/3) and either a benign (/0) or an uncertain/borderline tumor (/1)? YES: MULTIPLE Primaries** NO: M5

M5 Are there tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third character (Cxxx)? YES: MULTIPLE Primaries** NO: M6

M6 Do the tumors have ICD-O-3 histology codes on the same branch in Chart 1 or Chart 2? YES: SINGLE Primary* NO: Next Page

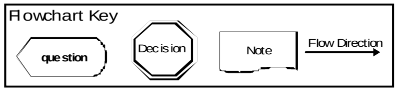
Recurrence, progression, or any reappearance of histologies on the same branch in Chart 1 or Chart 2 is always the same disease process.

Example: Patient has an astrocytoma. Ten years later the patient is diagnosed with glioblastoma multiforme. This is a progression or recurrence of the earlier astrocytoma.

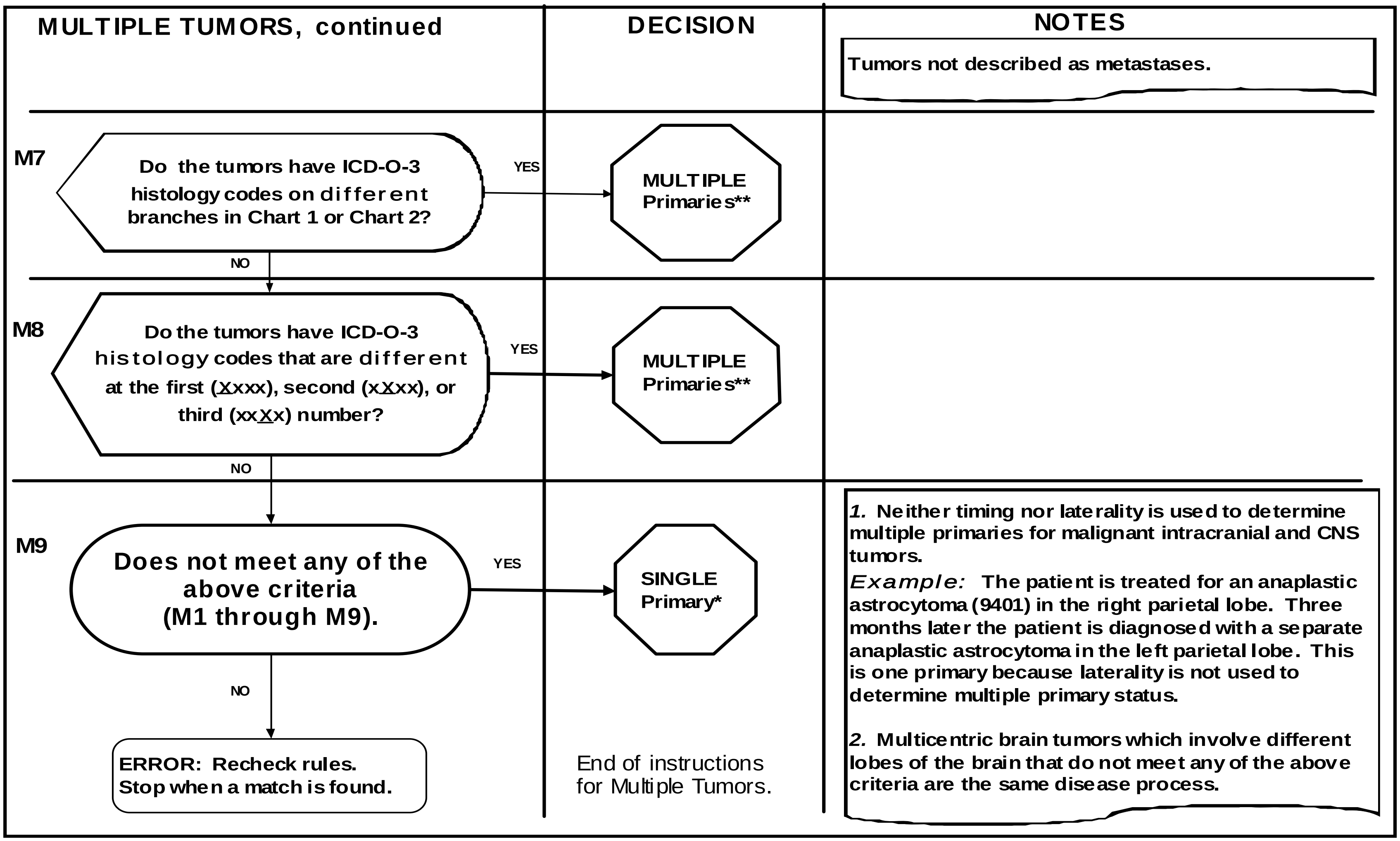
Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)
Note: Benign and borderline intracranial and CNS tumors have separate set of rules.


Flowchart Key
question
Decision
Note
Flow Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


MULTIPLE TUMORS, continued
DECISION
NOTES
M7
Do the tumors have ICD-O-3 histology codes on different branches in Chart 1 or Chart 2?
YES
MULTIPLE Primaries**
NO
M8
Do the tumors have ICD-O-3 histology codes that are different at the first (Xxxx), second (xXxx), or third (xxXx) number?
YES
MULTIPLE Primaries**
NO
M9
Does not meet any of the above criteria (M1 through M9).
YES
SINGLE Primary*
NO
ERROR: Recheck rules. Stop when a match is found.
End of instructions for Multiple Tumors.

Tumors not described as metastases.

1. Neither timing nor laterality is used to determine multiple primaries for malignant intracranial and CNS tumors.
Example: The patient is treated for an anaplastic astrocytoma (9401) in the right parietal lobe. Three months later the patient is diagnosed with a separate anaplastic astrocytoma in the left parietal lobe. This is one primary because laterality is not used to determine multiple primary status.

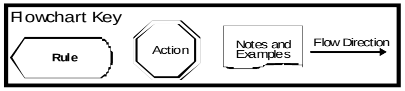
2. Multicentric brain tumors which involve different lobes of the brain that do not meet any of the above criteria are the same disease process.

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Coding Rules - Flowchart

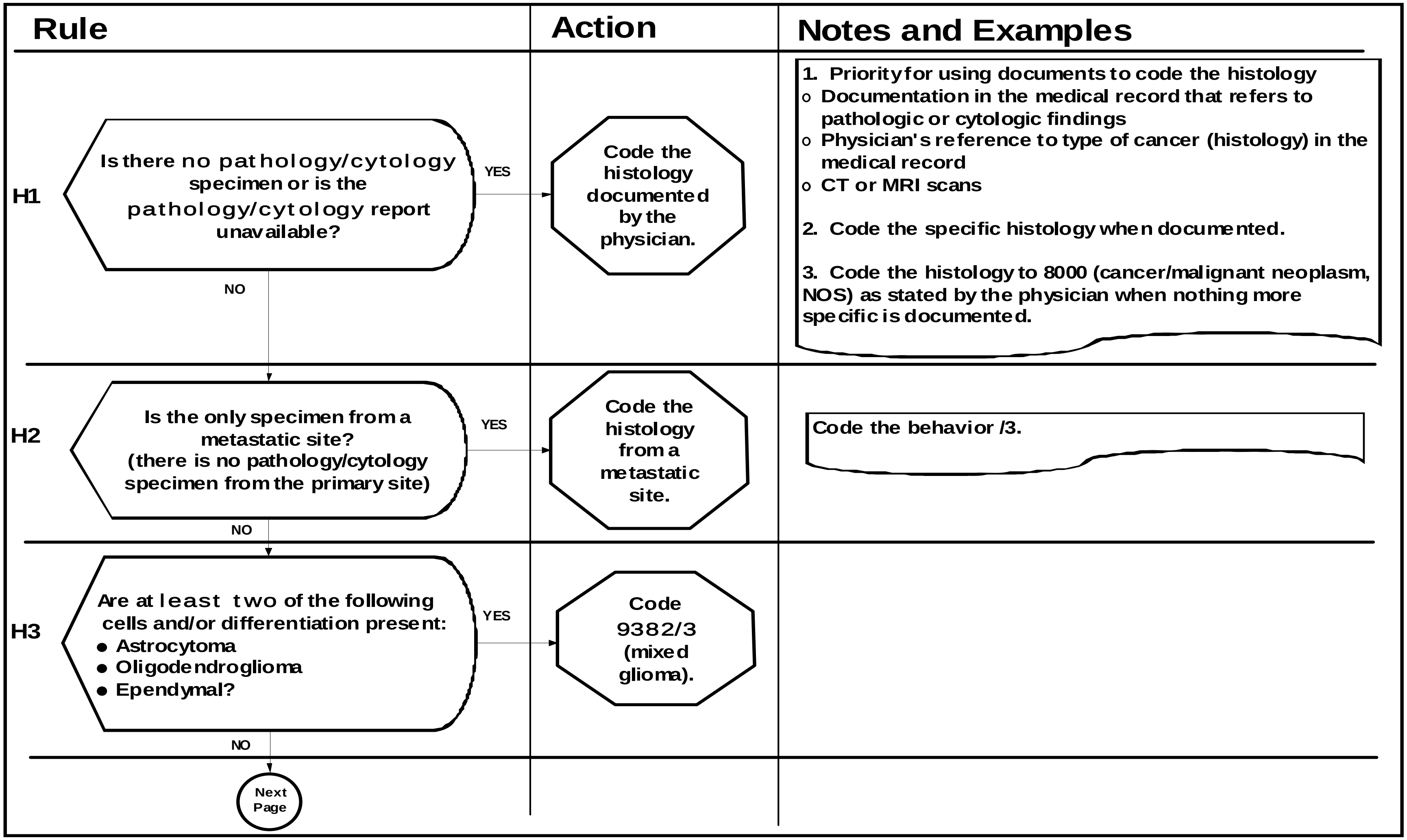
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Note: Benign and borderline intracranial and CNS tumors have separate set of rules.



SINGLE TUMOR

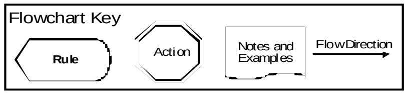


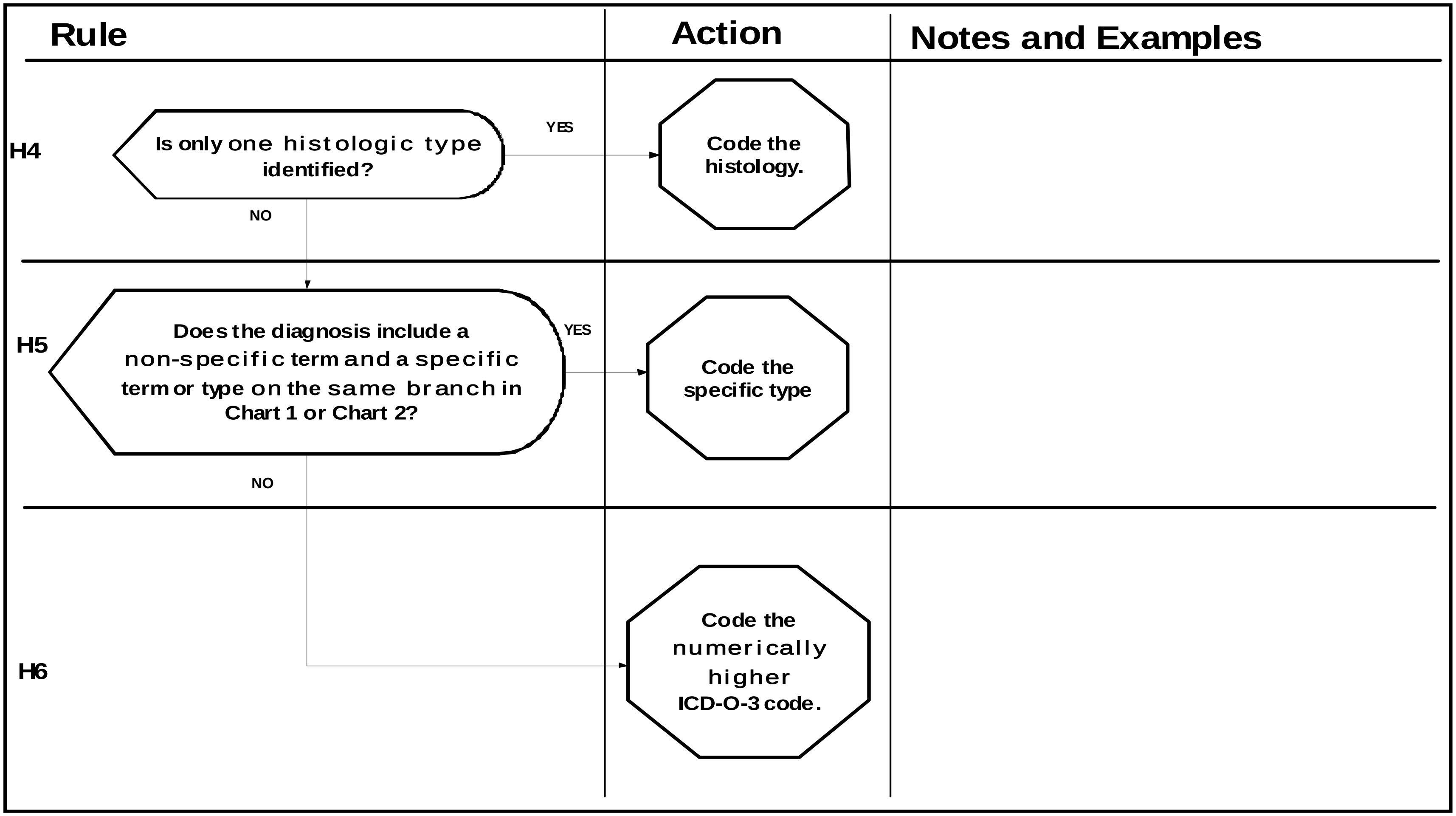
	Rule	Action	Notes and Examples
H1	Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) as stated by the physician when nothing more specific is documented.
H2	Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)	Code the histology from a metastatic site.	Code the behavior /3.
H3	Are at least two of the following cells and/or differentiation present: ● Astrocytoma ● Oligodendroglioma ● Ependymal?	Code 9382/3 (mixed glioma).	

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Rules - Flowchart

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)
Note: Benign and borderline intracranial and CNS tumors have a separate set of rules.


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction


Rule
Action
Notes and Examples
H4
Is only one histologic type identified?
YES
Code the histology.
NO
H5
Does the diagnosis include a non-specific term and a specific term or type on the same branch in Chart 1 or Chart 2?
YES
Code the specific type
NO
H6
Code the numerically higher ICD-O-3 code.

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Rules - Flowchart

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

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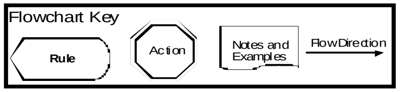
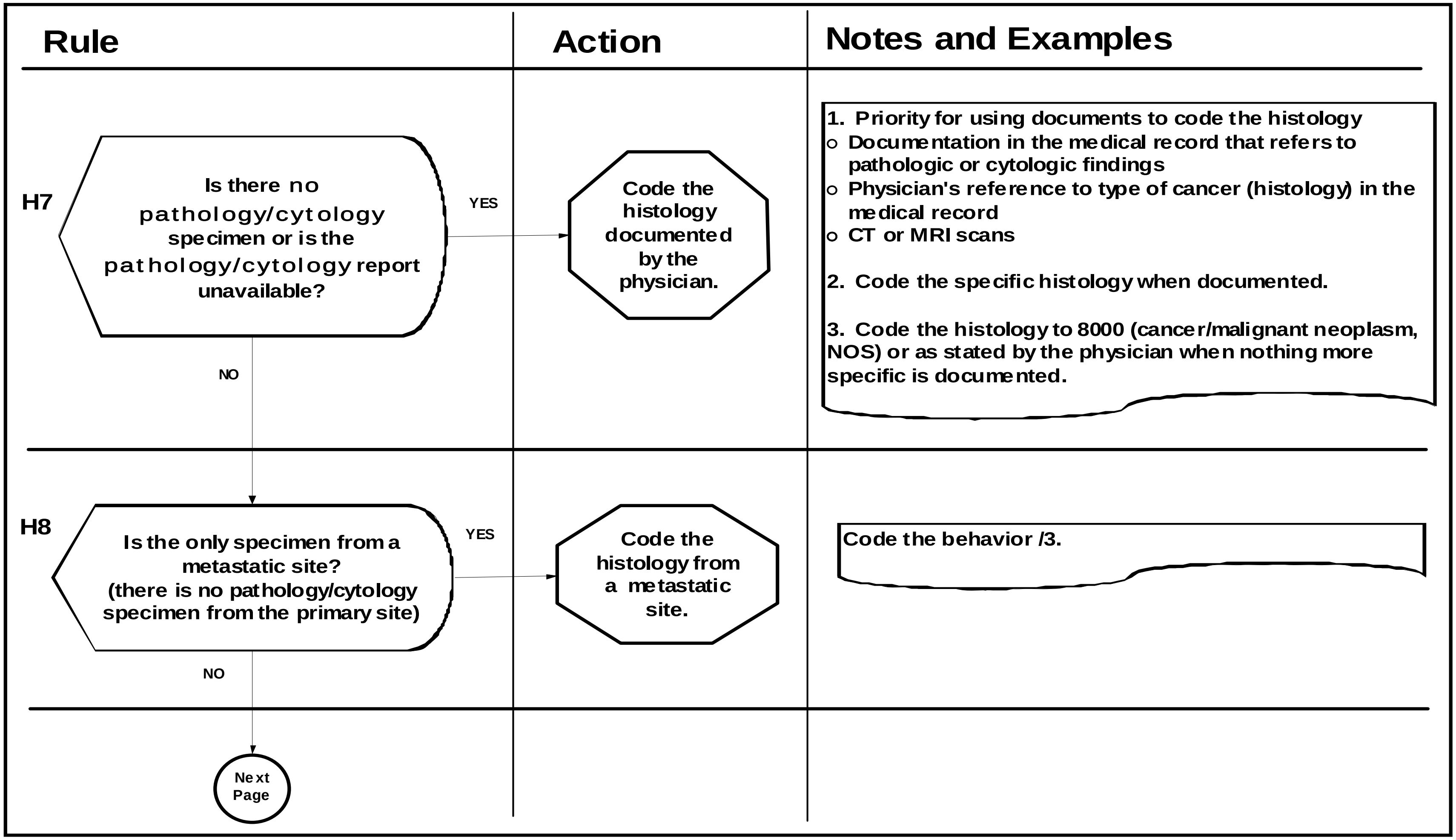


MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



Rule | **Action** | **Notes and Examples**

H7 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?

YES → Code the histology documented by the physician.

NO → H8

1. Priority for using documents to code the histology
- o Documentation in the medical record that refers to pathologic or cytologic findings
- o Physician's reference to type of cancer (histology) in the medical record
- o CT or MRI scans

2. Code the specific histology when documented.

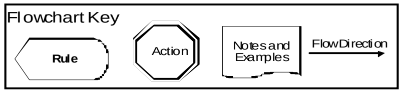
3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented.

H8 Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)

YES → Code the histology from a metastatic site.

NO → Next Page

Code the behavior /3.


Flowchart Key
Rule
Action
Notes and Examples
Flow Direction

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Rules - Flowchart

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)
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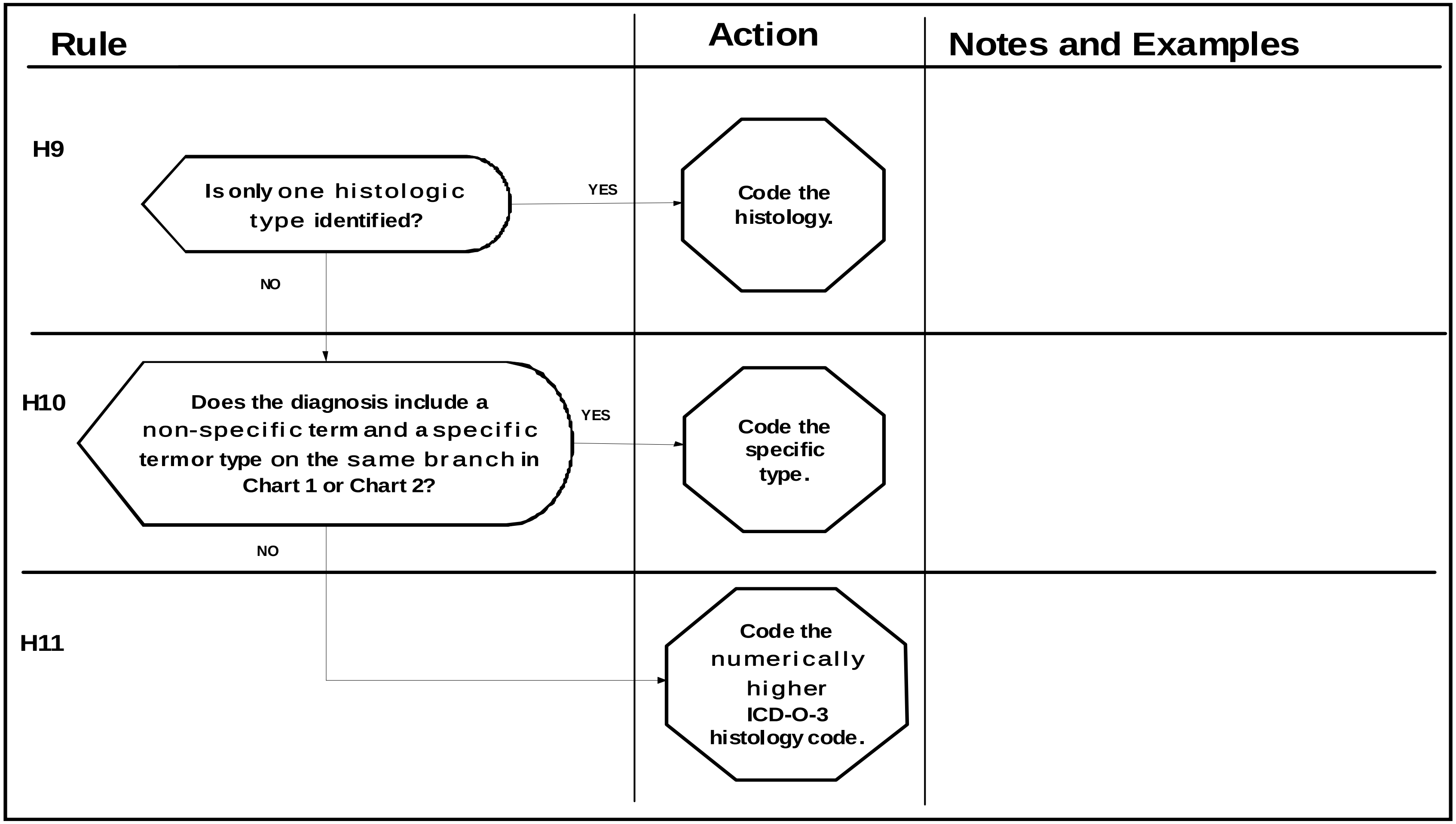
Rule
Action
Notes and Examples
H9
Is only one histologic type identified?
YES
Code the histology.
NO
H10
Does the diagnosis include a non-specific term and a specific termor type on the same branch in Chart 1 or Chart 2?
YES
Code the specific type.
NO
H11
Code the numerically higher ICD-O-3 histology code.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.